

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 04 1998 8:00 am
Secretary of State

DOCUMENT # 744231 (2)
1. Corporation Name
ABUSE COUNSELING AND TREATMENT, INC.



Principal Place of Business: P.O. BOX 60401, FT MYERS FL 33906-0401, US
Mailing Address: P.O. BOX 60401, FT MYERS FL 33906-0401, US

3. Date Incorporated or Qualified: **09/12/1978**
4. FEI Number: **59-1864735**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **LARUE, KRISTEN, 3290-2 SANDLEWOOD LN, FT MYERS FL 33907**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: VP	<input checked="" type="checkbox"/> DELETE
NAME: CARR, MIKE	
STREET ADDRESS: 1311 SE 21 TERR	
CITY-ST-ZIP: CAPE CORAL FL	
TITLE: T	<input type="checkbox"/> DELETE
NAME: STRARREL, DIANE	
STREET ADDRESS: 43 SE 20 CT	
CITY-ST-ZIP: CAPE CORAL FL	
TITLE: S	<input checked="" type="checkbox"/> DELETE
NAME: WHITING, ANN	
STREET ADDRESS: 1840 MARAVILLA AVE	
CITY-ST-ZIP: FT. MYERS FL	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: KRISTEN LARUE	
STREET ADDRESS: 3290-2 SANDLEWOOD LN	
CITY-ST-ZIP: FORT MYERS FL	
TITLE: ED	<input type="checkbox"/> DELETE
NAME: BENTON, JENNIFER L	
STREET ADDRESS: 1463 WOODWIND COURT	
CITY-ST-ZIP: FORT MYERS FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Bower, Marshall	
1.3 STREET ADDRESS: 15031 Punta Rossa, #806	
1.4 CITY-ST-ZIP: Fort Myers, FL 33908	
2.1 TITLE: Stramel, Diane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: Redmond, Lois	
3.3 STREET ADDRESS: 1452 Davis Road	
3.4 CITY-ST-ZIP: Fort Myers, FL 33919	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS: 400002423064	
5.4 CITY-ST-ZIP: -02/06/98--01003--040	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1-5-98**

CR2E037 (10/97)