

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90185 018 ****70.00

DOCUMENT # 744231

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/12/1978	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1864735	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	10. Name and Address of New Registered Agent	

LARUE, KRISTEN
3290-2 SANDLEWOOD LN
FT MYERS FL 33907

81. Name LOIS Redmond
82. Street Address (P.O. Box Number is Not Acceptable)
1452 DAVIS DR.
83.
84. City FORT MYERS FL 85. Zip Code 33919

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 *Lois Redmond* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	NAME	1.1 TITLE	1.2 NAME
VP	BOWER, MARSHALL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
15031 PUNTA ROSSA, #806		2.1 TITLE	2.2 NAME
FORT MYERS FL 33908		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
T	STRAMEL, DIANE	3.1 TITLE	3.2 NAME
43 SE 20 CT		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CAPE CORAL FL		4.1 TITLE	4.2 NAME
S	REDMOND, LOIS	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
1452 DAVIS ROAD		5.1 TITLE	5.2 NAME
FORT MYERS FL 33919		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
PD	KRISTEN LARUE	6.1 TITLE	6.2 NAME
3290-2 SANDLEWOOD LN		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
FORT MYERS FL			
ED	BENTON, JENNIFER L		
1463 WOODWIND COURT			
FORT MYERS FL			

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, with all other like empowered.

SIGNATURE REQUIRED *Lois Redmond* Date Daytime Phone #

CE02037 (11/98)