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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 744798 (0)**  
1. Corporation Name  
**AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.**



Principal Place of Business  
**4211 E BUSCH BLVD  
TAMPA FL 33617**

Mailing Address  
**4211 E BUSCH BLVD  
TAMPA FL 33617-5916**

3. Date Incorporated or Qualified  
**11/02/1978**

3a. Date of Last Report  
**04/24/1996**

4. FEI Number  
**59-1860626**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**25** Suite, Apt. #, etc.  
**26** City & State  
**27** Zip  
**28** Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MARROCCO, JOHN P  
4211 E BUSCH BLVD  
TAMPA FL 33617**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HIRSCH, ALBERT J	
STREET ADDRESS	805 S. ROME AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, PAT	
STREET ADDRESS	13301 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARCHESE, LINDA J	
STREET ADDRESS	1006 W. CHARTER ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WALDEN, ERIC	
STREET ADDRESS	4202 FOWLER AVE - ADM 147	
CITY-ST-ZIP	TAMPA FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MARROCCO, JOHN	
STREET ADDRESS	4211 E BUSCH BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNDA J. MARCHESE	
1.3 STREET ADDRESS	1006 W. CHARTER ST	
1.4 CITY-ST-ZIP	TAMPA, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAT ROBINSON	
2.3 STREET ADDRESS	13301 BRUCE B. DOWNS BLVD	
2.4 CITY-ST-ZIP	TAMPA, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CATHERINE BATSCHE	
3.3 STREET ADDRESS	4202 E. FOWLER ADM 22L	
3.4 CITY-ST-ZIP	TAMPA, FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM HIRSCH	
4.3 STREET ADDRESS	608 W. HORATIO ST. STE A	
4.4 CITY-ST-ZIP	TAMPA, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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:** **JOHN P. MARROCCO** **1/17/97 (813) 988-6096**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0048306

CR2E037 (9/96)