


FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

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

4. FEI Number  
**59-1860626**

Applied For  
☐ Yes ☒ No

2. Principal Place of Business  
**21 AGENCY FOR COMMUNITY TREATMENT SERVICES INC**  
Suite, Apt. #, etc.  
**22 4612 N. 56th ST**  
City & State  
**23 TAMPA, FL**  
Zip  
**24 33610**

2a. Mailing Address  
**26 AGENCY FOR COMMUNITY TREATMENT SERVICES INC**  
Suite, Apt. #, etc.  
**27 4612 N 56th ST**  
City & State  
**28 TAMPA, FL**  
Zip  
**29** Country  
**30**

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

9. Name and Address of Current Registered Agent  
**MARROCCO, JOHN P  
4211 E BUSCH BLVD  
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**4612 N. 56th ST**

83

84 City  
**TAMPA**

85 Zip Code  
**FL 33610**

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 **X** **JOHN P. MARROCCO**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **MARCHESE, LYNDA J.**

STREET ADDRESS **1006 W. CHARTER ST.**

CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☒ DELETE

NAME **ROBINSON, PAT**

STREET ADDRESS **13301 BRUCE B. DOWNS BLVD.**

CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☒ DELETE

NAME **BATSCHKE, CATHERINE**

STREET ADDRESS **4202 E. FOWLER ADM 226**

CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE

NAME **HIRSCH, WILLIAM**

STREET ADDRESS **608 W. HORATIO ST., SUITE A**

CITY-ST-ZIP **TAMPA FL**

TITLE **ED** ☐ DELETE

NAME **MARROCCO, JOHN**

STREET ADDRESS **4211 E BUSCH BLVD**

CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **ROBINSON, PAT**

1.3 STREET ADDRESS **13301 BRUCE B. DOWNS BLVD**

1.4 CITY-ST-ZIP **TAMPA, FL 33612**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **BATSCHKE, CATHERINE**

2.3 STREET ADDRESS **4202 E. FOWLER ADM 226**

2.4 CITY-ST-ZIP **TAMPA, FL 33620**

3.1 TITLE **SD** ☒ Change ☐ Addition

3.2 NAME **ENNIS, GARY**

3.3 STREET ADDRESS **4612 N. 56th ST**

3.4 CITY-ST-ZIP **TAMPA, FL 33610**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **ED JOHN P. MARROCCO** ☒ Change ☐ Addition

5.2 NAME **4612 N. 56th ST**

5.3 STREET ADDRESS **TAMPA, FL 33610**

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **X** **JOHN P. MARROCCO** (813) 246-4899

CR2E037 (10/97)