

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90048 012 ****70.00

50010239



01202005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1860626

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARROCCO, JOHN P
4612 N 56TH ST
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEARN, STEVEN 4612 N 56TH ST TAMPA, FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIRSCH, WILLIAM 4612 N 56TH STREET TAMPA, FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALDEN, ERIC 4612 N 56TH STREET TAMPA, FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BROWN, RICHARD 4612 N. 56TH ST. TAMPA, FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Everhart, Sylvia 4612 N 56th Street Tampa, Fl. 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chief Operating Officer 1/20/05 813-246-4899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

acts ATTACHMENT

Agency for Community Treatment Services, Inc.

#744778
50010239

REQUISITION FORM

Date: 1/20/05

PROGRAM

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> 131 st Street | <input type="checkbox"/> Drew Park Entire Facility | <input type="checkbox"/> HOPWA - 39th | <input type="checkbox"/> Moonlight | <input type="checkbox"/> Polk Youth In Home |
| <input type="checkbox"/> AARF | <input type="checkbox"/> Drew Park HUD Only | <input type="checkbox"/> HOPWA - Francis | <input type="checkbox"/> Morgan Street | <input type="checkbox"/> Room & Board |
| <input checked="" type="checkbox"/> Administrations | <input type="checkbox"/> Drew Park VA Only | <input type="checkbox"/> Interbay | <input type="checkbox"/> O'Brien | <input type="checkbox"/> Training |
| <input checked="" type="checkbox"/> Adult Outpatient | <input type="checkbox"/> Drug Lab / Secon | <input type="checkbox"/> JAC Tampa | <input type="checkbox"/> Pinellas Dom SAMSHA | <input type="checkbox"/> Youth Thono |
| <input type="checkbox"/> AGAPEE I,II,III | <input type="checkbox"/> Family Safety (Hills) | <input type="checkbox"/> JARF | <input type="checkbox"/> Pinellas Dom | |
| <input type="checkbox"/> Assessment & Collections | <input type="checkbox"/> Food Services | <input type="checkbox"/> Jr. Drug Court | <input type="checkbox"/> Polk Family Safety | |
| <input type="checkbox"/> CFBHN | <input type="checkbox"/> Ft. Laud GGH | <input type="checkbox"/> Manatee JAC | <input type="checkbox"/> Polk Group Home | |
| <input type="checkbox"/> Conditional Release Prog | <input type="checkbox"/> General Services | <input type="checkbox"/> Martindale | <input type="checkbox"/> Polk Women In Home | |
| <input type="checkbox"/> Other/Explain: | | | | |

Qty	Description	Unit Cost	Total \$ Amount
1	Check needed for Annual Report NOT - for - Profit Corp.		
	Filing fee		61.25
	Certificate Copy fee		8.75
	Check needed - When is check needed 1/31/05		
	Send check to who Latonya		
	Emergency - Yes or No (circle one)		
	Revision-10-8-03		

Drop Ship To:

Freight:

Total From Other Page(s):

GRAND TOTAL:

70.00

Reasons for Ordered Items: Annual Report

FAX PO To:

Inter Office Mailed To:

Return To:

Reason:

Vendor ID:

Name:

Address:

City:

State:

Zip Code:

Phone #:

Authorized Signature:

Purchase Order #:

acts Administration Only

☒ Pride 946 Followed

☒ Minority 287 Followed

☒ Recycled Content 403 Followed

Reason for Not Purchasing:

PRIDE -

☒ Product Not Available

☐ Price Higher

☐ Other:

MINORITY -

☒ Product Not Available

☐ Price Higher

☐ Other:

RECYCLED -

☒ Product Not Available

☐ Price Higher

☐ Other:

Date Received

Approved

Reviewed By

Route To:

Frannie

Gloria

Maggie

other

Made Iris