

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006485

FILED
Feb 22, 2012
Secretary of State

Entity Name: ALCOHOLISM TREATMENT SERVICES, INC.

Current Principal Place of Business:

12344 MCGREGOR WOODS CIRCLE
FT. MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

12344 MCGREGOR WOODS CIRCLE
FT. MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0725985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATZ, ROCHELLE Z
6361 PRESIDENTIAL CT.
SUITE A
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: BANCROFT, BARBARA N
Address: 12344 MCGREGOR WOODS CIRCLE
City-St-Zip: FT. MYERS, FL 33908 US

Title: VPD
Name: BANCROFT, ARTHUR W
Address: 12344 MCGREGOR WOODS CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: SD
Name: CATZ, ROCHELLE Z
Address: 6361 PRESIDENTIAL CT., SUITE A
City-St-Zip: FORT MYERS, FL 33919 EO

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA N BANCROFT

CEO

02/22/2012

Electronic Signature of Signing Officer or Director

Date