

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90239 009 ****61.25

DOCUMENT # N00000000556 1. Entity Name ATLANTIC COUNSELING ASSOCIATES, INC.					
Principal Place of Business 5525 N. COURTENAY PKWY A MERRITT ISLAND, FL 32953			Mailing Address 5525 N. COURTENAY PKWY A MERRITT ISLAND, FL 32953		
2. Principal Place of Business - No P.O. Box # 460 Sail Lane Suite, Apt. #, etc.		3. Mailing Address 460 Sail Lane Suite, Apt. #, etc.			
City & State Merritt Island, FL Zip 32953		City & State Merritt Island, FL Zip 32953		4. FEI Number 59-3621949	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, PATRICIA L 1002 HARBOR PINES DRIVE MERRITT ISLAND, FL 32952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Patricia L. Holmes, Pres. & CEO</i></u> <u><i>Patricia L. Holmes</i></u> <u><i>4/18/07</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLMES, PATRICIA L 1002 HARBOR PINES DRIVE MERRITT ISLAND, FL 32953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, SOTELLA 901 BRITTANY DR DENTON, TX 76209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALISTRERI, FRANK 202 MATHEWS CIRCLE TITUSVILLE, FL 32780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Balistreri, Frank 4131 Spruce St. Mims, FL 32754 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAGAN, JOSH 2449 MESQUITE DRIVE DENTON, TX 76201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERGARA, CYRILLO 561 FLY DRIVE PARK ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1415 S.E. 8th Ave. Deerfield Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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: <u><i>Patricia L. Holmes</i></u> <u><i>Patricia L. Holmes</i></u> <u><i>4/18/08</i></u> <u><i>321-455-2212</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					