


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000000556</b> 1. Entity Name <b>ATLANTIC COUNSELING ASSOCIATES, INC.</b>	
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Principal Place of Business <b>460 SAIL LANE MERRITT ISLAND, FL 32953</b>	Mailing Address <b>460 SAIL LANE MERRITT ISLAND, FL 32953</b>
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3621949</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HOLMES, PATRICIA L 1002 HARBOR PINES DRIVE MERRITT ISLAND, FL 32952</b>
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IN THIS SPACE**

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</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u><i>1-14-08</i></u> <small>DATE</small>

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
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	S SMITH, SOTELLA 901 BRITTANY DR DENTON, TX 76209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALISTRERI, FRANK 4131 SPRUCE ST. MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAGAN, JOSH 2449 MESQUITE DRIVE DENTON, TX 76201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERGARA, CYRILLO 1415 S.E. 8TH AVE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/08-80044-016 70.00

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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>Frank Balistreri Vice President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u><i>1-14-08</i></u> <small>Date</small>	<u><i>321-455-2212</i></u> <small>Daytime Phone #</small>
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