

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000556

FILED
Apr 13, 2009
Secretary of State

Entity Name: ATLANTIC COUNSELING ASSOCIATES, INC.

Current Principal Place of Business:

460 SAIL LANE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

825 FORREST AVENUE
RM.#105
COCOA, FL 32922

Current Mailing Address:

460 SAIL LANE
MERRITT ISLAND, FL 32953

New Mailing Address:

825 FORREST AVENUE
RM.#105
COCOA, FL 32922

FEI Number: 59-3621949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLMES, PATRICIA L
1002 HARBOR PINES DRIVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

FRANK, BALISTRERI L
825 FORREST AVE
COCOA, FL 32922 US

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: FRANK BALISTRERI

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLMES, PATRICIA L
Address: 1002 HARBOR PINES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S () Delete
Name: SMITH, SOTELLA
Address: 901 BRITTANY DR
City-St-Zip: DENTON, TX 76209

Title: VP () Delete
Name: BALISTRERI, FRANK
Address: 4131 SPRUCE ST.
City-St-Zip: MIMS, FL 32754

Title: T () Delete
Name: FAGAN, JOSH
Address: 2449 MESQUITE DRIVE
City-St-Zip: DENTON, TX 76201

Title: D () Delete
Name: VERGARA, CYRILLO
Address: 1415 S.E. 8TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOLMES, PATRICIA L
Address: 1002 HARBOR PINES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK BALISTRERI

VP

04/13/2009

Electronic Signature of Signing Officer or Director

Date