

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000556

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** ATLANTIC COUNSELING ASSOCIATES, INC.

**Current Principal Place of Business:**

825 FORREST AVENUE  
RM.#105  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

825 FORREST AVENUE  
RM.#105  
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:** 59-3621949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FRANK, BALISTRERI  
825 FORREST AVE  
COCOA, FL 32922 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:** PRES  
**Name:** HOLMES, PATRICIA L  
**Address:** 1002 HARBOR PINES DRIVE  
**City-St-Zip:** MERRITT ISLAND, FL 32953

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

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

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

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:** FRANK BALISTRERI

DIR.

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date