

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N10735

1. Entity Name

ASSISTING COMMUNITIES TOWARD SELF-HELP, INC.



Principal Place of Business

516 DELANNOY AVE
COCOA, FL 32922 US

Mailing Address

P.O. BOX 3767
COCOA, FL 32924-3767 US



04162007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2647607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KIRSCHENBAUM, MALCOLM R
516 DELANNOY AVE
COCOA, FL 32922

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000726866
05/04/07-80026-001 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KIRSCHENBAUM, MALCOLM R
STREET ADDRESS 516 DELANNOY AVE
CITY-ST-ZIP COCOA, FL 32922

TITLE STD
NAME DIDOMENICO, PATRICK E
STREET ADDRESS 516 DELANNOY AVE
CITY-ST-ZIP COCOA, FL 32922

TITLE D
NAME ERCOLANO, LORRAINE
STREET ADDRESS 516 DELANNOY AVE
CITY-ST-ZIP COCOA, FL 32922

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malcolm R. Kirschenbaum 4/16/07 321-632-4713

Date

Daytime Phone #