

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002632 (6)**

1. Corporation Name

ACA ADOPTION, COUNSELING, AND ASSESSMENT, INC.



Principal Place of Business

**122 SW 51ST TER
CAPE CORAL FL 33914**

Mailing Address

**122 SW 51ST TER
CAPE CORAL FL 33914**

3. Date Incorporated or Qualified
05/30/1995

3a. Date of Last Report

2. Principal Place of Business

21 6226 PRESIDENTIAL COURT

Suite, Apt. #, etc.

22 SUITE D

City & State

23 FORT MYERS, FL

Zip

24 33919

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0640478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**KNICKERBOCKER, DAVID A
122 SW 51ST TER
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

BROOKS, DEANNA

5085 RUSSELL AVE

FT MYERS FL 33919

DV

CRACIUN-BENDER, LIZ

4081 ORANGE GROVE BLVD

N FT MYERS FL 33903

DS

HESS, CHERYL

10632 BAYTREE CT

LEHIGH ACRES FL 33936

DT

PATTERSON, DEBRA

1327 RIO VISTA

FT MYERS FL 33901

DM

DEBRA MATHIAS -

MEDLOCK, WAYNE

6226 PRESIDENTIAL CT, SUITE D

FORT MYERS, FL 33919

DE

DEBRA MATHIAS -

MEDLOCK, WAYNE

6226 PRESIDENTIAL CT, SUITE D

FORT MYERS, FL 33919

DE

DEBRA MATHIAS -

MEDLOCK, WAYNE

6226 PRESIDENTIAL CT, SUITE D

FORT MYERS, FL 33919

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Deanna Brooks, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-96 941-433-3137

Date

Daytime Phone #

CR2E037 (3/96)