

**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

Mailing Address

122 SW 51ST TER  
 CAPE CORAL FL 33914

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

2a. Mailing Address

21 **6226 PRESIDENTIAL COURT**

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE D**

27

City & State

City & State

23 **FORT MYERS, FL**

26

Zip

Country

Zip

Country

24 **33919**

25 **USA**

29

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

10. Name and Address of New Registered Agent

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

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE  DELETE

NAME **DP BROOKS, DEANNA**  
 STREET ADDRESS **5065 RUSSELL AVE**  
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE  DELETE

NAME **DV CRACIUN-BENDER, LIZ**  
 STREET ADDRESS **4081 ORANGE GROVE BLVD**  
 CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE  DELETE

NAME **DS HESS, CHERYL**  
 STREET ADDRESS **10632 BAYTREE CT**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE  DELETE

NAME **DT PATTERSON, DEBRA**  
 STREET ADDRESS **1327 RIO VISTA**  
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE  DELETE

NAME **BOARD MEMBER -**  
**MEDOCK, WYANE**  
 STREET ADDRESS **6226 PRESIDENTIAL CT. SUITE D**  
 CITY-ST-ZIP **FORT MYERS, FLORIDA 33919**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 11 TITLE  Change  Addition

12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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)