


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # N95000002632</b>                                   |  |
| 1. Entity Name<br>ACA ADOPTION, COUNSELING, AND ASSESSMENT, INC. |   |

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|---|--|
| Principal Place of Business<br>6226 PRESIDENTIAL CT<br>SUITE D<br>FT MYERS, FL 33919 US | Mailing Address<br>122 SW 51ST TER<br>CAPE CORAL, FL 33914 |
|---|--|

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04182004 No Chg-NP CR2E037 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0640478  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>KNICKERBOCKER, DAVID A<br>122 SW 51ST TER<br>CAPE CORAL, FL 33914 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2004 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000122785<br>04/21/04-80042-014 61.25 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>BROOKS, DEANNA<br>5085 RUSSELL AVE<br>FT MYERS, FL 33919              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DV<br>CRACIUN-BENDER, LIZ<br>4081 ORANGE GROVE BLVD<br>N FT MYERS, FL 33903 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DS<br>HESS, CHERYL<br>10632 BAYTREE CT<br>LEHIGH ACRES, FL 33936            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>PATTERSON, DEBRA<br>1327 RIO VISTA<br>FT MYERS, FL 33901              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | BM<br>MEDDOCK, WAYNE<br>6226 PRESIDENTIAL CT SUITE D<br>FT MYERS, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Deanna Brooks, President 4-18-04 239-592-0632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #