


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002632 1. Entity Name ACA ADOPTION, COUNSELING, AND ASSESSMENT, INC.		
Principal Place of Business 6226 PRESIDENTIAL CT SUITE D FT MYERS, FL 33919 US	Mailing Address 122 SW 51ST TER CAPE CORAL, FL 33914	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent KNICKERBOCKER, DAVID A 122 SW 51ST TER CAPE CORAL, FL 33914		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BROOKS, DEANNA 5085 RUSSELL AVE FT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CRACIUN-BENDER, LIZ 4081 ORANGE GROVE BLVD N FT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HESS, CHERYL 10632 BAYTREE CT LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PATTERSON, DEBRA 1327 RIO VISTA FT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM MEDDOCK, WAYNE 6226 PRESIDENTIAL CT SUITE D FT MYERS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row)	
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: <u>Deanna Brooks</u> <u>DEANNA BROOKS, President</u> <u>2-16-05</u> <u>(239) 542 0638</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01272005 No Chg-NP CR2E037 (10/03)

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

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 02/22/05-80006-002 61.25

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