

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N95000002632

1. Entity Name  
ACA ADOPTION, COUNSELING, AND ASSESSMENT,  
INC.



FILED  
Aug 21, 2006 08:00 AM  
Secretary of State

Principal Place of Business

6226 PRESIDENTIAL CT  
SUITE D  
FT MYERS, FL 33919 US

Mailing Address

122 SW 51ST TER  
CAPE CORAL, FL 33914



07242006 No Chg-NP

CR2E037 (4/06)

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4. FEI Number  
65-0640478

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNICKERBOCKER, DAVID A  
122 SW 51ST TER  
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

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 September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

000000574940  
08/22/06-80004-010-61.25

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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: Deanna Brooks, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-06

Date

Daytime Phone #