

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N95000002632**

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



**FILED**  
**Apr 02, 2007 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



03312007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0640478

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	

U00000687397  
04/10/07-80037-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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, Ph.D., President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/07

239542-0633

Date

Daytime Phone #