


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90045 012 \*\*\*\*61.25

<b>DOCUMENT # N97000006590</b> 1. Entity Name <b>ASSOCIATION FOR COMMUNITY COUNSELING, INC.</b>					
Principal Place of Business 4723 W ATLANTIC AVE DELRAY OFFICE PLAZA, STE A-5 DELRAY BEACH, FL 33445			Mailing Address 4723 W ATLANTIC AVE DELRAY OFFICE PLAZA, STE A-5 DELRAY BEACH, FL 33445		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>65-0798757</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>BERARDO, ANTHONY</b> <b>14210 NESTING WAY</b> <b>DELRAY BEACH, FL 33484</b>			7. Name and Address of New Registered Agent Name <u>Marilyn Myers</u> Street Address (P.O. Box Number is Not/Acceptable) <u>940 NE 34TH ST</u> City <u>Boca Raton</u> <b>FL</b> Zip Code <u>33431</u>		
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 <u>Marilyn Myers</u> <u>Marilyn Myers</u> <u>Aug 3, 2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Preid	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERARDO, ANTHONY		NAME	Martha Lemkoe	
STREET ADDRESS	14210 HESTING WAY		STREET ADDRESS	7564 Regency Lake Dr	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELIZER, JAN		NAME	Arlene Levy	
STREET ADDRESS	11889 MANGANO AVE.		STREET ADDRESS	42 Estates Dr	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASONBERG, MARGIE		NAME		
STREET ADDRESS	7086 GRASSY BAY DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHAROW, HELENE		NAME		
STREET ADDRESS	2560 RIVIERA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Helene Sacharow</u> <u>Helene Sacharow, Treasurer</u> <u>8/3/05</u> <u>561-243-2857</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

**50060339**



08042005 Chg-NP CR2E037 (10/03)