2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006
Secretary of State

DOCUMENT# N97000006590

Entity Name: ASSOCIATION FOR COMMUNITY COUNSELING, INC.

Current Principal Place of Business:

4723 W ATLANTIC AVE
DELRAY OFFICE PLAZA, STE A-5
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4723 W ATLANTIC AVE
DELRAY OFFICE PLAZA, STE A-5
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0798757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MYERS, MARILYN
940 NE 24TH ST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEMKOE, MARTHA
Address: 7564 REGENCY LAKE DR
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete
Name: LEVY, ARLENE
Address: 42 ESTATE DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD ( ) Delete
Name: MASONBERG, MARGIE
Address: 7086 GRASSY BAY DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD ( ) Delete
Name: SACHAROW, HELENE
Address: 2560 RIVIERA DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ROXANNE, GROBBEL
Address: 17714 LOMONAND CT
City-St-Zip: BOCA RATON, FL 33496

Title: VP (X) Change ( ) Addition
Name: LLOYD, NUSSBAUM
Address: 6151 LONG KEY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD (X) Change ( ) Addition
Name: MASONBERG, MARGIE
Address: 143 LAKE MERYL DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELENE SACHAROW TD 06/01/2006
Electronic Signature of Signing Officer or Director Date