

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006590

FILED  
May 01, 2007  
Secretary of State

**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: PRES      ( ) Delete  
Name: ROXANNE, GROBBEL  
Address: 17714 LOMONAND CT  
City-St-Zip: BOCA RATON, FL 33496

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

Title: SD      ( ) Delete  
Name: MASONBERG, MARGIE  
Address: 143 LAKE MERYL 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: LLOYD, NUSSBAUM  
Address: 6151 LONG KEY LANE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP      (X) Change ( ) Addition  
Name: TAMARA, MITCHEL  
Address: 7597 CINEBAR DRIVE  
City-St-Zip: BOCA RATON, FL 33433

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

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

I hereby certify that the information supplied with this filing does not qualify 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

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date