


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90001 032 ****61.25

DOCUMENT # N97000006590 1. Entity Name ASSOCIATION FOR COMMUNITY COUNSELING, INC.					
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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <div style="text-align: right;">65-0798757</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, MARILYN 940 NE 24TH ST BOCA RATON FL 33431			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>9-1-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 3, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LLOYD, NUSSBAUM 6151 LONG KEY LANE BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tamara Mitchell 7597 Cinebar Drive Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAMARA, MITCHEL 7597 CINEBAR DRIVE BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Florence Saunders 2727 S. OCEAN BLVD. #308 Highland Beach, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASONBERG, MARGIE 143 LAKE MERYL DR WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SACHAROW, HELENE 2560 RIVIERA DRIVE DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Florence Carlson 2175 S.W. 10th COURT - #16-3 Delray Beach, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tamara Mitchell 9/1/08 561-638-0908