

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90169 011 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0798757**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERARDO, ANTHONY
14210 NESTING WAY
DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MITCHEL, TAMARA**
STREET ADDRESS **7597 CLYE BAR DR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VD** ☒ Delete
NAME **BERARDO, ANTHONY**
STREET ADDRESS **14210 NESTING WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **SD** ☐ Delete
NAME **MASONBERG, MARGIE**
STREET ADDRESS **7086 GRASSY BAY DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **TD** ☐ Delete
NAME **SACHAROW, HELENE**
STREET ADDRESS **2560 RIVIERA DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **BERARDO, ANTHONY**
STREET ADDRESS **14210 NESTING WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **VD** ☒ Change ☐ Addition
NAME **ZELIZER, JAN**
STREET ADDRESS **11889 MANGANO AV.**
CITY-ST-ZIP **BOYNTON BEACH, 33437**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

ANTHONY BERARDO

Apr 15 2003

561-637-7829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)