

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37717

**FILED**  
**Jan 24, 2015**  
**Secretary of State**  
**CC0311833568**

**Entity Name:** ASSOCIATION FOR COUPLES IN MARRIAGE ENRICHMENT (ACME) OF FLORIDA, INC.

**Current Principal Place of Business:**

1100 SE 5TH COURT  
SUITE 24  
POMPANO BEACH, FL 33060-8160

**Current Mailing Address:**

1100 SE 5TH COURT  
SUITE 24  
POMPANO BEACH, FL 33060-8160 US

**FEI Number: 65-0189795**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DIANE W. CENTORINO, ESQ.  
CENTORINO & WATEROUS, P.A.  
1230 SE 4TH AVENUE  
FORT LAUDERDALE, FL 33316 US

*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

**Officer/Director Detail :**

Title DS  
Name ALANDER, CYNTHIA B  
Address 1406 NANCE AVE  
City-State-Zip: TAMPA FL 33606-3130

Title DS  
Name ALANDER, ROSS  
Address 1406 NANCE AVE  
City-State-Zip: TAMPA FL 33606-3130

Title DT  
Name BARKLEY, KRISTINE  
Address 1100 SW S CT #24  
City-State-Zip: POMPANO BEACH FL 33060-8160

Title DT  
Name BARKLEY, GH KIP  
Address 1100 SE S CT #24  
City-State-Zip: POMPANO BEACH FL 33060-8160

Title DP  
Name PARSONS, CHARLES B  
Address 2114 S VENUE STREET  
City-State-Zip: TAMPA FL 33629-5437

Title DP  
Name PARSONS, DEBORAH L  
Address 2114 S VENUE STREET  
City-State-Zip: TAMPA FL 33629-5437

*I hereby 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 all other like empowered.*

**SIGNATURE: BARKLEY , GH KIP**

**TREASURER**

**01/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date