


FILE NOW: FILING FEE IS \$61.25

FILED

**May 01 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 767398 (1)
1. Corporation Name
SPECIALIZED TREATMENT, EDUCATION AND PREVENTION SERVICES, INC.



Principal Place of Business		Mailing Address	
1717 PIEDMONT WEKIVA RD. POST OFFICE BOX 484 APOPKA FL 32703 US		1717 PIEDMONT WEKIVA RD APOPKA FL 32703	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	03/10/1983	63-0836930
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27	5. Certificate of Status Desired	8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution
23	28	7. Is this nonprofit corporation a homeowners association?	5.00 May Be Added to Fees
Zip	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	25	29	30
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Date Incorporated or Qualified	4. FEI Number	Applied For	Not Applicable
03/10/1983	63-0836930		
5. Certificate of Status Desired	8.75 Additional Fee Required		
<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution		
7. Is this nonprofit corporation a homeowners association?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

TURNER, KATHLEEN
62 SOUTH HUGHEY AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name **Kathleen Turner**

82 Street Address (P.O. Box Number is Not Acceptable)
2917 North Pine Hills Road

83

84 City **Orlando** **FL** 85 Zip Code **32808**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kathleen Turner* **Kathleen Turner, Executive Director** **4/14/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD
NAME	JONES, ERIC	1.2 NAME	Barbara Mills
STREET ADDRESS	1720 JONES ROAD	1.3 STREET ADDRESS	1060 Whistling Winds Point
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Oviedo FL
TITLE	TD	2.1 TITLE	D
NAME	CHAPIN, PATRICK	2.2 NAME	Patrick Chapin
STREET ADDRESS	1219 OAKLEY STREET	2.3 STREET ADDRESS	974 B East Michigan Street
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL
TITLE	VD	3.1 TITLE	D
NAME	ELLIOTT, CLARK A. J	3.2 NAME	William McLeod
STREET ADDRESS	2053 EAGLES REST	3.3 STREET ADDRESS	48 Main Street
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Apopka FL
TITLE	D	4.1 TITLE	D
NAME	DEVIESE, STEVE	4.2 NAME	Carol Burkett
STREET ADDRESS	P O BOX 103 N/A	4.3 STREET ADDRESS	1382 Landry Circle
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	Longwood FL
TITLE	D	5.1 TITLE	D
NAME	REGAN, JOSEPH	5.2 NAME	Ray Berry
STREET ADDRESS	1098 HUNT STREET N.M.	5.3 STREET ADDRESS	1593 Sunflower Court
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	Winter Park FL
TITLE	D	6.1 TITLE	D
NAME	REFFNER, JULIE	6.2 NAME	Steven Deviese
STREET ADDRESS	921 ROBINHOOD COURT	6.3 STREET ADDRESS	109 South Park Avenue
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	Apopka FL

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD
NAME	JONES, ERIC	1.2 NAME	Barbara Mills
STREET ADDRESS	1720 JONES ROAD	1.3 STREET ADDRESS	1060 Whistling Winds Point
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Oviedo FL
TITLE	TD	2.1 TITLE	D
NAME	CHAPIN, PATRICK	2.2 NAME	Patrick Chapin
STREET ADDRESS	1219 OAKLEY STREET	2.3 STREET ADDRESS	974 B East Michigan Street
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL
TITLE	VD	3.1 TITLE	D
NAME	ELLIOTT, CLARK A. J	3.2 NAME	William McLeod
STREET ADDRESS	2053 EAGLES REST	3.3 STREET ADDRESS	48 Main Street
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Apopka FL
TITLE	D	4.1 TITLE	D
NAME	DEVIESE, STEVE	4.2 NAME	Carol Burkett
STREET ADDRESS	P O BOX 103 N/A	4.3 STREET ADDRESS	1382 Landry Circle
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	Longwood FL
TITLE	D	5.1 TITLE	D
NAME	REGAN, JOSEPH	5.2 NAME	Ray Berry
STREET ADDRESS	1098 HUNT STREET N.M.	5.3 STREET ADDRESS	1593 Sunflower Court
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	Winter Park FL
TITLE	D	6.1 TITLE	D
NAME	REFFNER, JULIE	6.2 NAME	Steven Deviese
STREET ADDRESS	921 ROBINHOOD COURT	6.3 STREET ADDRESS	109 South Park Avenue
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	Apopka FL

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eric Jones* **Eric Jones, President** **4/14/98** **(407)522-2144**

CR2E037 (10/97)