FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90082 046 ****61.25

DOCUMENT # 767398

1. Corporation Name
SPECIALIZED TREATMENT, EDUCATION AND PREVENTION SERVICES, INC.

* 556229 - 90082 - 46 *

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 Qualifed
21 1991 S. Apopka Blvd.	26 1991 S. Apopka Blvd.	03/10/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☐ Applied For ☐ Not Applicable 63-0836930
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32703 25 Orange	Zip / Country 29 32703 30 Orange	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Turner, Kathleen 2917 N Pine Hills Rd Orlando Fl 32808	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 ~~Eric Jones, President Board/Dir.~~ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ERIC		1.2 NAME		
STREET ADDRESS	1720 JONES ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	T D	☐ Change ☒ Addition
NAME	CHAPIN, PATRICK		2.2 NAME	ROYAL, ED.	
STREET ADDRESS	974 B E MICHIGAN ST		2.3 STREET ADDRESS	6903 OAKMORE LANE	
CITY-ST-ZIP	ORLANDO, FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32792	
TITLE	VD	☒ DELETE	3.1 TITLE	V D	☐ Change ☒ Addition
NAME	ELLIOTT, CLARK A.J		3.2 NAME	BERRY, RAY	
STREET ADDRESS	2053 EAGLES REST		3.3 STREET ADDRESS	1593 SUNFLOWER COURT	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURKETT, CAROL		4. 2 NAME		
STREET ADDRESS	1382 LANDRY		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	S D	☒ Change ☐ Addition
NAME	REGAN, JOSEPH		5.2 NAME	REGAN, JOSEPH	
STREET ADDRESS	1098 HUNT STREET N.M.		5.3 STREET ADDRESS	1098 HUNT STREET NM	
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP	PALM BAY, FL	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REFFNER, JULIE		6.2 NAME		
STREET ADDRESS	921 ROBINHOOD COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Edward A. Royal Ed Royal 5/8/99 407-522-2144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #