2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State
06-10-2004 90001 003 ****61.25

54057044

DOCUMENT # 767398

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

Principal Place of Business	Mailing Address
1991 S. APOPKA BLVD ORLANDO, FL 32703 US	1991 S. APOPKA BLVD ORLANDO, FL 32703 US

05132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1033 Pine Hills Rd Ste 300 Suite, Apt. #, etc.
City & State	Orlando FL
Zip / Country	32808 / USA

4. FEI Number 63-0836930 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TURNER, KATHLEEN 1033 PINE HILLS RD SUITE 300 ORLANDO, FL 32808	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

Filing Fee is $61.25
Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, ERIC 2230 N PIPER LANE SUITE 2 EAGLE MTN, UT 84043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burkett-Hydovitz, Carol 2005 W. Hampton Circle Winter Park FL 32792	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROYALS, ED JR 6903 OAKMORE LANE ORLANDO, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mills, Barbara 5313 Crane Hill Ct. St. Cloud FL 32780	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BERRY, RAY 2107 N. 14TH AVE HOLLYWOOD, FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Reid, Cecilia 1037 Countryclub Drive Titusville FL 32780	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOSEY, BERNICE 130 W KALEY ST ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REGAN, JOSEPH 1098 HUNT STREET N.W. PALM BAY, FL 32907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGARRY, NEAL 1715 S. GADSEN TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 5/17/04 407-522-2144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/03/04