2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State
05-25-2006 90014 007 ****61.25

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

Principal Place of Business	Mailing Address
1991 S. APOPKA BLVD ORLANDO, FL 32703 US	1033 PINE HILLS RD STE 300 ORLANDO, FL 32808 US

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05112006 No Chg-NP CR2E037 (4/06)

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

TURNER, KATHLEEN
1033 PINE HILLS RD SUITE 300
ORLANDO, FL 32808

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, ERIC
STREET ADDRESS	2230 N PIPER LANE SUITE 2
CITY-ST-ZIP	EAGLE MTN, UT 84043
TITLE	TD
NAME	ROYALS, ED JR
STREET ADDRESS	6903 OAKMORE LANE
CITY-ST-ZIP	ORLANDO, FL 32792
TITLE	VD
NAME	BERRY, RAY
STREET ADDRESS	2107 N. 14TH AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	VD
NAME	HOSEY, BERNICE
STREET ADDRESS	130 W KALEY ST
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	SD
NAME	REGAN, JOSEPH
STREET ADDRESS	1098 HUNT STREET N.W.
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D
NAME	MCGARRY, NEAL
STREET ADDRESS	1715 S. GADSEN
CITY-ST-ZIP	TALLAHASSEE, FL 32301

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Edward A. Royals Jr. 05-18-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #