

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767398

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** SPECIALIZED TREATMENT, EDUCATION AND PREVENTION SERVICES, INC.

**Current Principal Place of Business:**

1991 S. APOPKA BLVD  
ORLANDO, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1033 PINE HILLS RD  
STE 300  
ORLANDO, FL 32808 US

**New Mailing Address:**

**FEI Number:** 63-0836930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JONES, ERIC  
Address: 2230 N PIPER LANE SUITE 2  
City-St-Zip: EAGLE MTN, UT 84043

Title: TD ( ) Delete  
Name: ROYALS, ED JR  
Address: 6903 OAKMORE LANE  
City-St-Zip: ORLANDO, FL 32792

Title: VD ( ) Delete  
Name: BERRY, RAY  
Address: 2107 N. 14TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VD ( ) Delete  
Name: HOSEY, BERNICE  
Address: 130 W KALEY ST  
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete  
Name: REGAN, JOSEPH  
Address: 1098 HUNT STREET N.W.  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: MCGARRY, NEAL  
Address: 1715 S. GADSEN  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERIC JONES

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date