2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 767398

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: KATHLEEN TURNER MRS. 03/26/2009

Electronic Signature of Signing Officer or Director — Date