

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 767398

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



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

Mailing Address
**1033 PINE HILLS RD
STE 300
ORLANDO, FL 32808 US**



04172007 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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000752886
05/21/07-80035-006 61.25

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #