

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767398

FILED
Jan 11, 2011
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
Name: JONES, ERIC
Address: 6225 NORTH U.S 1
City-St-Zip: COCOA, FL 32927 US

Title: TD
Name: ROYALS, EDWARD JR
Address: 6903 OAKMORE LANE
City-St-Zip: ORLANDO, FL 32818 US

Title: D
Name: BERRY, RAY
Address: 1939 TYLER ST.
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VPD
Name: HOSEY, BERNICE
Address: 5218 SHAKAR CIRCLE
City-St-Zip: ORLANDO, FL 32808 US

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

Title: D
Name: MCGARRY, NEAL
Address: 1715 S. GADSDEN
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN TURNER

ED

01/11/2011

Electronic Signature of Signing Officer or Director

Date