## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003596

FILED Apr 30, 2007 Secretary of State

Entity Name: SPECIALIZED THERAPEUTIC FOSTER PARENT ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3501 NW 12 TERRACE MIAMI, FL 33125

**Current Mailing Address: New Mailing Address:** 

3501 NW 12 TERRACE MIAMI, FL 33125

FEI Number: 65-1016467 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CAMEJO, MIGUEL 1010 NW 39 CT MIAMI, FL 33126 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D/P ( ) Delete (X) Change ( ) Addition

CAMEJO, MIGUEL A CAMEJO, MIGUEL A Name: Name: Address: 1010 NORTHWEST 39TH COURT Address: 3501 NW 12 TER City-St-Zip: MIAMI, FL 33125

City-St-Zip: MIAMI, FL 33126

Title: ( ) Delete Title: (X) Change ( ) Addition

PATTERSON, ALVIN K Name: Name: PATTERSON, ALVIN K Address: 1010 NORTHWEST 39TH COURT Address: 3501 NW 12 TER City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33125

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: MIGUEL CAMEJO D/P 04/30/2007