2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008
Secretary of State

DOCUMENT# N00000003596

Entity Name: SPECIALIZED THERAPEUTIC FOSTER PARENT ASSOCIATION, INC.

Current Principal Place of Business:

3501 NW 12 TERRACE
MIAMI, FL 33125

New Principal Place of Business:

1112 NW 33 AVE
MIAMI, FL 33125

Current Mailing Address:

3501 NW 12 TERRACE
MIAMI, FL 33125

New Mailing Address:

1112 NW 33 AVE
MIAMI, FL 33125

FEI Number: 65-1016467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CAMEJO, MIGUEL
1112 NW 33 AVE
MIAMI, FL 33125 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: _____ 09/04/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMEJO, MIGUEL A
Address: 3501 NW 12 TER
City-St-Zip: MIAMI, FL 33125

Title: VD ( ) Delete
Name: PATTERSON, ALVIN K
Address: 3501 NW 12 TER
City-St-Zip: MIAMI, FL 33125

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAMEJO, MIGUEL A
Address: 1112 NW 33 AVE
City-St-Zip: MIAMI, FL 33125

Title: O (X) Change ( ) Addition
Name: PATTERSON, ALVIN K
Address: 1112 NW 33 AVE
City-St-Zip: MIAMI, FL 33125

Title: O ( ) Change (X) Addition
Name: ROJAS, GUSTAVO
Address: 1112 NW 33 AVE
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 PD 09/04/2008
Electronic Signature of Signing Officer or Director — Date