

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011111

1. Entity Name
**PATRICIA'S AFTERCARE & SUMMER RETREAT
INCORPORATED**



Principal Place of Business

**1211 SESAME STREET
OPA-LOCKA, FL 33054**

Mailing Address

**1211 SESAME STREET
OPA-LOCKA, FL 33054**



04112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0413797

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LINER, PATRICIA
1211 SESAME STREET
OPA-LOCKA, FL 33054**

**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

Patricia Liner

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing.)

DATE

4-27-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	LINER, SAMUEL
STREET ADDRESS	1211 SESAME ST
CITY - ST - ZIP	OPA LOCKA, FL 33054
TITLE	M
NAME	LINER, TERRANCE
STREET ADDRESS	1211 SESAME ST
CITY - ST - ZIP	OPA LOCKA, FL 33054
TITLE	P
NAME	LINER, PATRICIA
STREET ADDRESS	1211 SESAME ST
CITY - ST - ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000519174
05/02/06-80040-027 70.00

**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:

Patricia Liner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-06