


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 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
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04242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0413797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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* **DATE:** 4-23-07

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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000000739123
05/14/07-80013-006 70.00

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: *Samuel Liner* **DATE:** 4-28-07 **DAYTIME PHONE #:** 505-332-8454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR