

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011111

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** PATRICIA'S AFTERCARE & SUMMER RETREAT INCORPORATED

**Current Principal Place of Business:**

1211 SESAME STREET  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

1211 SESAME STREET  
OPA-LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 83-0413797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LINER, PATRICIA  
1211 SESAME STREET  
OPA-LOCKA, FL 33054 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: M ( ) Delete  
Name: LINER, SAMUEL  
Address: 1211 SESAME ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: M ( ) Delete  
Name: LINER, TERRANCE  
Address: 1211 SESAME ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: P ( ) Delete  
Name: LINER, PATRICIA  
Address: 1211 SESAME ST  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LINER, SAMUEL  
Address: 1211 SESAME ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Change ( ) Addition  
Name: LINER, TERRANCE  
Address: 1211 SESAME ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICIA LINER

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date