

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 AM 8:39

DOCUMENT # **N95000000807 (6)**

1. Corporation Name

SECURE TREATMENT & EVALUATION PROGRAM SERVICES, INC.



Principal Place of Business

Mailing Address

**2462 N.W. 55TH WAY
SUITE 21202
FORT LAUDERDALE FL 33313**

**2462 N.W. 55TH WAY
SUITE 21202
FORT LAUDERDALE FL 33313**

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1361 E. Oakland Pk Blvd

26 2464 NW 55th way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 169

27 21202

City & State

City & State

23 Oakland, FL

28 Fort Lauderdale

Zip

Country

Zip

Country

24 33334

25

29 33313

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDSON, DAVID M
2462 N.W. 55TH WAY
SUITE 21202
FORT LAUDERDALE FL 33313**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Treasurer/Director** ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE **Treasurer/Director** ☐ Change ☒ Addition
1.2 NAME **David M. Richardson**
1.3 STREET ADDRESS **2464 NW 55th way**
1.4 CITY - ST - ZIP **Fort Lauderdale, FL 33313**

TITLE **Dir.** ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
000001963120
-10/02/96--01070--002
*******70.00 *****70.00**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **Celia Richardson**
3.3 STREET ADDRESS **1361 E. Oakland Pk Blvd**
3.4 CITY - ST - ZIP **Oakland Pk, FL 33334**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **David C. Richardson**
4.3 STREET ADDRESS **2464 NW 55th way**
4.4 CITY - ST - ZIP **Lawteehill, FL 33313**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David M. Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/6/96 523-8070