

DOCUMENT # 727176

1. Entity Name
SAN ANTONIO BOYS VILLAGE, INC.

Principal Place of Business Mailing Address
BOYS VILLAGE DRIVE BOYS VILLAGE DRIVE
P. O. BOX 505 P. O. BOX 505
SAN ANTONIO FL 33576 SAN ANTONIO FL 33576

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CAPODIFERRO, ALFRED MS
36119 CLINTON AVE
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, TOM		NAME		
STREET ADDRESS	12061 TIMBER RUN		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRONER, WILLIE		NAME		
STREET ADDRESS	36850 STATE RD. 52		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHRADER, TOM		NAME		
STREET ADDRESS	12744 CURLEY RD		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO FL 33576		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STURWOLD, EARL		NAME		
STREET ADDRESS	37837 E. MERIDIAN, SUITE 311		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL 33525		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWERS, ALLAN		NAME		
STREET ADDRESS	12430 CURLEY RD		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO FL 33576		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUSTMAN, FRED		NAME		
STREET ADDRESS	5112 BEACON RD		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ALLEN POWERS UF @ Allent Powers 1-8-01 (352) 588 2968
SECRETARY OF STATE
Date Daytime Phone #