2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 08, 2004 8:00 am Secretary of State

DOCUMENT # 727176 1. Entity Name SAN ANTONIO BOYS VILLAGE, INC.				09-08-2004 90117 049 ****70.00		
BOYS VILLAGE DRIVE P. O. BOX 505		Mailing Address BOYS VILLAGE DRIVE P. O. BOX 505 SAN ANTONIO, FL 3357	,	# COUNTY HEAVE FAILT HOUSE (1811 1821 1821 1821 1821 1821 1821 182		
2. Principal P	lace of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08312004 Chg-NP CR2E037 (10/03)		
City & Stat	e	City & State		4. FEI Number Applied For 59-1473991 Not Applicable		
Zip .	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
CARODIE	TOPO AL FORD NO	<u> معالم المعاملية المعاملة الم</u>	Name	Name		
CAPODIFERRO, ALFRED MS 36119 CLINTON AVE DADE CITY, FL 33525			Street Ad	ddress (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. I am familiar with, and accept the obligations of registered agent.						
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SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstaing) DATE		
_	Filing Fee is \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Make check payable to Added to Fees Florida Department of State		
Di	ue by September 8, 2004		ntribution.			
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TSD	Detete	TILE	TSD Change X Addition		
NAME	RIZZO, JILL		NAME	Reidt, Larry		
STREET ADDRESS CITY-ST-ZIP	13138 SCHARBER RD		STREET ADDRESS	2250 Canfield_Dr.		
	DADE CITY, FL 33525		CITY-ST-ZIP	Spring Hill, FL 34609		
TITLE	D	☐ Delete	TITLE	D Change 🖾 Addition		
NAME STREET ADDRESS	WEST, DAVID REV.		NAME STREET ADDRESS	Sessa, Barbara P.O. box 808		
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP	San Antonio, FL 33576		
TITLE	D	☐ Delete	TITLE	D Change		
NAME	SCHRADER, TOM	CT Delete	NAME	Collura, Frank Joe		
STREET ADDRESS	12744 CURLEY RD	المتعدد والمسويين والم	STREET ADDRESS	P.O. Box-281		
CITY-ST-ZIP	SAN ANTONIO, FL 33576		CITY-ST-ZIP	Dade City, FL 33526-0281		
TITLE	С	Defete	TITLE	☐ Change ☐ Addition		
NAME	STURWOLD, EARL		NAME			
STREET ADDRESS CITY-ST-ZIP	37837 E. MERIDIAN, SUITE 311 DADE CITY, FL. 33525		STREET ADORESS CITY-ST-ZIP	,		
TITLE	D D	☐ Deiete	TITLE	☐ Change ☐ Addition		
NAME-	COX, STEVE	CT Vetere	NAME	1 Change Addition		
STREET ADDRESS	38301 MARTIN LUTHER KING B	LVD	STREET ADDRESS	<i>'</i>		
CITY-ST-ZIP	DADE CITY, FL 33525		CTY-ST-ZIP			
TITLE	D ₂	☐ Delete	TITLE	Change Addition		
NAME	SUSTMAN, FRED	- <u>-</u> -	NAME	The same of the sa		
STREET ADDRESS	5112 BEACON RD		STREET ADDRESS	Market of the grant		
CITY-ST-ZIP	PALMETTO FL 34250-0		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: Secretary/Treasurer 8/31/04 352-567-1843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date