2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# 727176

Entity Name: SAN ANTONIO BOYS VILLAGE, INC.

Current Principal Place of Business:

BOYS VILLAGE DRIVE
P. O. BOX 505
SAN ANTONIO, FL 33576

New Principal Place of Business:

Current Mailing Address:

BOYS VILLAGE DRIVE
P. O. BOX 505
SAN ANTONIO, FL 33576

New Mailing Address:

FEI Number: 59-1473991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPODIFERRO, ALFRED J MS
36119 CLINTON AVE
DADE CITY, FL 33525 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:	MD,D	( ) Delete
Name:	CAPODIFERRO, ALFRED J MS	
Address:	36119 CLINTON AVENUE	
City-St-Zip:	DADE CITY, FL 33525	
Title:	C, D	( ) Delete
Name:	COLLURA, FRANK J	
Address:	PO BOX 281	
City-St-Zip:	DADE CITY, FL 33526	
Title:	TS,D	( ) Delete
Name:	SESSA, BARBARA	
Address:	P.O. BOX 808	
City-St-Zip:	SAN ANTONIO, FL 33576	
Title:	VC,D	( ) Delete
Name:	STURWOLD, EARL	
Address:	37837 E. MERIDIAN, SUITE 311	
City-St-Zip:	DADE CITY, FL 33525	
Title:	D	( ) Delete
Name:	COX, STEVE	
Address:	38301 MARTIN LUTHER KING BLVD	
City-St-Zip:	DADE CITY, FL 33525	
Title:	D	( ) Delete
Name:	SUSTMAN, FRED	
Address:	5112 BEACON RD	
City-St-Zip:	PALMETTO, FL 342500069	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALFRED J. CAPODIFERRO MD,D 03/29/2007

Electronic Signature of Signing Officer or Director — Date