2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727176

FILED Apr 07, 2009 Secretary of State

Entity Name: SAN ANTONIO BOYS VILLAGE, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
BOYS VILLAGE DRIVE P. O. BOX 505 SAN ANTONIO, FL 33576 Current Mailing Address:				11609 BOYS VILLAGE DRIVE SAN ANTONIO, FL 33576		
			New Maili	New Mailing Address:		
P. O. BOX	LAGE DRIVE : 505 ONIO, FL 3357	6	P.O. BOX SAN ANTO	505 DNIO, FL 33576		
FEI Number:	: 59-1473991	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
36119 CLII	ERRO, ALFREI NTON AVE 'Y, FL 33525	OJMS US				
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	its registered office or registered agent, or both,		
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	nt	Date		
OFFICER	S AND DIREC	rors:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR		
Fitle: Name: Address: City-St-Zip:	MD,D () CAPODIFERRO 36119 CLINTON DADE CITY, FL	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	C, D () COLLURA, FRA PO BOX 281 DADE CITY, FL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	TS,D () SESSA, BARBA P.O. BOX 808 SAN ANTONIO,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	STURWOLD, E	DIAN, SUITE 311	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STURWOLD, RAYMOND E 37837 MERIDIAN AVE., SUITE 211 DADE CITY, FL 33525		
Fitle: Name: Address: City-St-Zip:	COX, STEVE	Delete LUTHER KING BLVD 33525	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	D () SUSTMAN, FRE PO BOX 69 TERRA CEIA, F		Title: Name: Address: City-St-Zip:	VC,D (X) Change () Addition SUSTMAN, FRED PO BOX 69 TERRA CEIA, FL 34250		

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: ALFRED J. CAPODIFERRO D 04/07/2009