

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90134 032 ****70.00

DOCUMENT # 727176

1. Entity Name
SAN ANTONIO BOYS VILLAGE, INC.



Principal Place of Business

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

Mailing Address

**BOYS VILLAGE DRIVE
P. O. BOX 505
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

4. FEI Number **59-1473991**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPODIFERRO, ALFRED MS
36119 CLINTON AVE
DADE CITY FL 33525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TSD** ☐ Delete
NAME **RIZZO, JILL**
STREET ADDRESS **13138 SCHARBER RD**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **BRONER, WILLIE**
STREET ADDRESS **36850 STATE RD. 52**
CITY-ST-ZIP **DADE CITY FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Rev. David West**
STREET ADDRESS **14121 19th Ct.**
CITY-ST-ZIP **Dade City, FL 33525**

TITLE **D** ☐ Delete
NAME **SCHRADER, TOM**
STREET ADDRESS **12744 CURLEY RD**
CITY-ST-ZIP **SAN ANTONIO FL 33576**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☐ Delete
NAME **STURWOLD, EARL**
STREET ADDRESS **37837 E. MERIDIAN, SUITE 311**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **C** ☒ Change ☐ Addition
NAME **Sturwold, Earl**
STREET ADDRESS **37837 E. Meridian Ste 311**
CITY-ST-ZIP **Dade City, FL 33525**

TITLE **D** ☐ Delete
NAME **COX, STEVE**
STREET ADDRESS **38301 MARTIN LUTHER KING BLVD**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **SUSTMAN, FRED**
STREET ADDRESS **5112 BEACON RD**
CITY-ST-ZIP **PALMETTO FL**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**

1/21/03 352-521-6270

CR2E037 (10/02)