


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 736852	
1. Entity Name VILLAGE MUTUAL SERVICE, INC.	

Principal Place of Business 5776 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 US	Mailing Address 5776 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 US
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DO NOT WRITE IN THIS SPACE



01172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1509349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KALL, LAWRENCE
34 SOMERSET B
W PALM BEACH, FL 33417

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KALL, LARRY 34 SOMERSET B W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRUBSTEIN, DANIEL 454 SOUTHAMPTON WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, JULIUS CANTEBURY F 135 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SILVERMAN, MYRON 9 GOLF'S EDGE C W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/22/04-80003-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/04
Date Daytime Phone #