

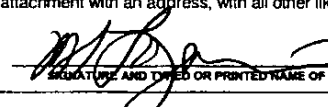


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90012 011 \*\*\*\*70.00

<b>DOCUMENT # 743151</b> 1. Entity Name <b>EPWORTH VILLAGE, INC.</b>			
Principal Place of Business <b>5300 WEST 16TH AVENUE HIALEAH, FL 33012</b>		Mailing Address <b>C/O YESSSENIA GONZALEZ 988 SW 88TH ST #226 MIAMI, FL 33176 c/o Yessenia Gonzalez</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>8601 SW 94th St. #116W</b> Suite, Apt. #, etc. City & State <b>Miami, FL</b> Zip      Country <b>33156</b>	
			
		02272008    Chg-NP    CR2E037 (12/06)	
		4. FEI Number <b>59-0589990</b>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 - Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to: Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	TD REED, AGGIE 3720 NW 179TH ST MIAMI GARDENS, FL 33055 <input checked="" type="checkbox"/> Delete	TITLE	VD Pruitt, Judy 837 Navarre Avenue Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD LOZANO, MADELYN 5955 SW 109TH TERRACE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE	PD Lozano, Madelyn 8955 SW 109th Terrace Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD KAY, JIM 1900 DIZZARO ST CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE	SD Mancay Blanks 11324 SW 106th Avenue Miami, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD WINEBRENNER, OPAL 5431 NW 167TH ST OPA LOCKA, FL 33055 <input checked="" type="checkbox"/> Delete	TITLE	TD Emily Romano 4110 Hardie Road Miami, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> 		<b>Madelyn Lozano</b> 305-279-4577	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date      Daytime Phone #</small>	