

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **744516** (6)  
1. Corporation Name  
**EPWORTH VILLAGE WEST, INC.**



Principal Place of Business: **5300 W 16TH AVENUE HIALEAH FL 33012**  
Mailing Address: **5300 W 16TH AVENUE HIALEAH FL 33012**

3. Date Incorporated or Qualified: **10/10/1978**  
3a. Date of Last Report: **01/30/1995**  
4. FEI Number: **59-1920293**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
City & State: 28  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **MARCH, DONALD F. 7515 S.W. 31 STREET MIAMI FL 33155**  
10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
|----------------------------|---|---|---|
| TITLE: <b>SD</b>           | <b>MASSEY, PAULA S.</b><br>6501 LEONARDO ST.<br>CORAL GABLES FL         | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |   |
| TITLE: <b>VD</b>           | <b>VONES, CHARLES SR.</b><br>1581 GOLFVIEW DR., E.<br>PEMBROKE PINES FL | 2.1 TITLE: <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>JAMES E Brock</b><br>250 CATALONIA Ave # 801<br>CORAL Gables, FL 33134 |
| TITLE: <b>VD</b>           | <b>EVE, CHRISTINA M.</b><br>586 N W 48 ST.<br>MIAMI FL                  | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |   |
| TITLE: <b>TD</b>           | <b>VAN WYCK, GEORGE R.</b><br>586 S W 44TH ST.<br>MIAMI FL              | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |   |
| TITLE: <b>PD</b>           | <b>JACOBS, WILLIAM</b><br>10615 S W 96TH TERRACE<br>MIAMI FL            | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |   |
| TITLE: <b>D</b>            | <b>KATSANIS, THOMAS, A</b><br>5300 W 16 AVE, APT#111<br>HIALEAH FL      | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas A Katsanis* **Thomas A KATSANIS**  
Date: **January 26, 1996**  
Daytime Phone #: **305 556-3500**

CR2E037 (12/95)