

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744516
 1. Corporation Name
EPWORTH VILLAGE WEST, INC.

Principal Place of Business 5300 W. 16th Ave. Hialeah, FL 33012	Mailing Address 5300 W. 16th Ave. Hialeah, FL 33012
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3. Date Incorporated or Qualified 10/10/78	3a. Date of Last Report 2/2/96
4. FEI Number 59-1920293	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
* MARCH, DONALD F. 7515 S.W. 31 St. Miami, FL 33155		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, PAULA S.	1.2 NAME	
STREET ADDRESS	6501 Leonardo St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JAMES E.	2.2 NAME	BROCK, JAMES E.
STREET ADDRESS	250 Catalonia Ave., Ste. #801	2.3 STREET ADDRESS	250 Catalonia Ave., Ste. #801
CITY-ST-ZIP	Coral Gables, FL 33134	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVE, CHRISTINA M.	3.2 NAME	
STREET ADDRESS	586 N.W. 48th St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33127-2747	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WYCK, GEORGE R.	4.2 NAME	
STREET ADDRESS	8455 S.W. 44th St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33155	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, WILLIAM	5.2 NAME	VD
STREET ADDRESS	10615 S.W. 96th Terr.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33176	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATSANIS, THOMAS A.	6.2 NAME	
STREET ADDRESS	5300 W. 16th Ave., #111	6.3 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL 33012	6.4 CITY-ST-ZIP	

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14. I do 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 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 06/06/97 (305) 556-3500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/96)