


**FILED**  
**May 29, 1999 8:00 am**  
**Secretary of State**

05-29-1999 90018 063 \*\*\*\*\*8.75  
 05-29-1999 90018 064 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 744516</b> 1. Corporation Name <b>EPWORTH VILLAGE WEST, INC.</b>		
Principal Place of Business 5300 W 16TH AVENUE HIALEAH FL 33012	Mailing Address 5300 W 16TH AVENUE HIALEAH FL 33012	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/10/1978
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1920293
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARCH, DONALD F. 7515 S.W. 31 STREET MIAMI FL 33155				81. Name	JACOBS WILLIAM N.		
				82. Street Address (P.O. Box Number is Not Acceptable)	10615 SW 96th Terrace		
				83. City	Miami		
				84. State	FL	85. Zip Code	33176

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: *William N. Jacobs* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, PAULA S.	1.2 NAME	Talbot, Anne
STREET ADDRESS	6501 LEONARDO ST.	1.3 STREET ADDRESS	9850 BOWMAN DRIVE
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	Miami, FL 33189
TITLE	PD	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JAMES E.	2.2 NAME	Feathers, Gary
STREET ADDRESS	250 CATALONIA AVE., #801	2.3 STREET ADDRESS	9920 Colonial Drive
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Miami FL 33157
TITLE	VD	3.1 TITLE	1st VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVE, CHRISTINA M.	3.2 NAME	Van Wyck, George R
STREET ADDRESS	586 N W 48 ST.	3.3 STREET ADDRESS	8455 SW 44th St.
CITY-ST-ZIP	MIAMI FL 33127-2747	3.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	TD	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WYCK, GEORGE R.	4.2 NAME	Twitchell, Alma
STREET ADDRESS	588 S W 44TH ST.	4.3 STREET ADDRESS	971 NE 115 St
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	Miami, FL 33161
TITLE	VD	5.1 TITLE	
NAME	JACOBS, WILLIAM	5.2 NAME	
STREET ADDRESS	10615 S W 96TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Executive Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATSANIS, THOMAS, A	6.2 NAME	Thomas A Katsanis
STREET ADDRESS	5300 W 16 AVE, APT#111	6.3 STREET ADDRESS	5300 W 16th Ave.
CITY-ST-ZIP	HIALEAH FL 33012	6.4 CITY-ST-ZIP	Hialeah, FL 33012

14. 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 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, with all other like empowered.

SIGNATURE: *Thomas A Katsanis* Date: *May 13, 1999* Daytime Phone #: *305-556-5500*

CR2E037 (11/98)