2004 NOT-FOR-PROFIT CORPORATION

Apr 07, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #744516** 04-07-2004 90037 008 ****61.25 EPWORTH VILLAGE WEST, INC. Principal Place of Business Mailing Address J4U27493 757 CRESENT WAY 5300 W 16TH AVENUE HIALEAH, FL 33012 WESTON, FL 33326 2. Principal Place of Business 3. Mailing Address C/O Alan ScHEIB Suite, Apt. #, etc. Suite, Apt. #, etc 04042004 Chq-NP CR2E037 (10/03) 757 CRESCENT WAY Applied For City & State City & State FEI Number 59-1920293 WESTON Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired 3326 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD **SUITE 1500** MIAMI, FL 33176 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. - Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TD Delete TITLE TITLE ☐ Change Addition REV CATHY Williams PUOTINEN, RHONDA NAME NAME 222 W 43 STREET STREET ADDRESS STREET ADDRESS HIACEAH, FL 33012 CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP D. TITLE ☐ Delete TITLE **™** Change ☐ Addition WILLIAM JACOBS NAME JACOBS, WILLIAM NAME 191 PALM AVE STREET ADDRESS 10615 SW 96 TER STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP PD Delete TITLE ☐ Change Addition JONAH PRUIT NAME CARDWELL, GLEN NAME 837 NAVARREAVE STREET ADDRESS 16580 SW 77 CT STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP MIAMI, FL 331573766 CITY-ST-ZIP Addition TITLE Delete TITLE GARY FEATHERS NAME BROCK, JAMES NAME 9561 SW123 M ST 850 ANASTASIA AVE STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-7P CITY-ST-7IP TITLE Delete -TITE F - ☐ Change -☐ Addition-NAME TSCHUMY, WILLIAM E NAME 3610 BAYVIEW ROD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE SD ☐ Delete THILE ☐ Change Addition FARR, LYN NAME NAME 1310 JACARDANDA LANE STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-7IP 12. 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 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 reserved to 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:

of the corporation or the receiver or trustee empo changed, or on an attachment with an address, y

JONAH PRUITT

954-217-2858

FILED