


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90208 044 \*\*\*\*61.25

<b>DOCUMENT # 744516</b> 1. Entity Name EPWORTH VILLAGE WEST, INC.					
Principal Place of Business 5300 W 16TH AVENUE HIALEAH, FL 33012				Mailing Address C/O ALAN SCHEIB 757 CRESENT WAY WESTON, FL 33326	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		03252005    Chg-NP    CR2E037 (10/03)	
4. FEI Number 59-1920293				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD SUITE 1500 MIAMI, FL 33176			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 reappointing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, CATHY REV		NAME		
STREET ADDRESS	5700 W 12TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBS, WILLIAM		NAME		
STREET ADDRESS	191 PALM AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRUITT, JONAH		NAME		
STREET ADDRESS	837 NAVARRE AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEATHERS, GARY		NAME		
STREET ADDRESS	9561 SW 123RD ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TSCHUMY, WILLIAM E		NAME	SD STEWART, GERTRUDE	
STREET ADDRESS	3610 BAYVIEW ROD		STREET ADDRESS	17037 NW 61 <sup>st</sup> CT	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARR, LYN		NAME	VD FARR, LYN	
STREET ADDRESS	1310 JACARDANDA LANE		STREET ADDRESS	7310 SACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	MIAMI LAKES, FL 33014	
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 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: _____		_____ JONAH PRUITT, III    4/21/05    954-217-2958 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>			