

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 25, 2009  
Secretary of State**

DOCUMENT# 744516

Entity Name: EPWORTH VILLAGE WEST, INC.

**Current Principal Place of Business:**

5300 W. 16TH AVE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

C/O YESSENIA GONZALEZ  
8601 SW 94TH ST  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 59-1920293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: PRUITT, JUDY  
Address: 837 NAVARRE AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete  
Name: LOZANO, MADELYN  
Address: 8955 SW 109TH TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete  
Name: BLANKS, MARY CAY  
Address: 11324 SW 106TH AVE  
City-St-Zip: MIAMI, FL 33176

Title: TD ( ) Delete  
Name: ROMANO, EMILY  
Address: 4110 HARDIE RD  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELYN LOZANO

PD

01/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date