


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90984 036 \*\*\*\*61.25

**DOCUMENT # 744516**

1. Entity Name  
**EPWORTH VILLAGE WEST, INC.**



Principal Place of Business  
**5300 W 16TH AVENUE  
HIALEAH FL 33012**

Mailing Address  
**5300 W 16TH AVENUE  
HIALEAH FL 33012**

**11022214**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**c/o A. SCHEIB 757 CRESCENT WAY**  
Suite, Apt. #, etc.

City & State  
**WESTON, FL**

City & State  
**WESTON, FL**

Zip  
**33326**

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1920293**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, WILLIAM N  
10615 SW 96TH TERR  
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name  
**Corporation Company of Miami**

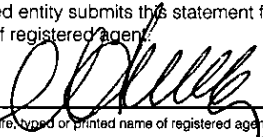
Street Address (P.O. Box Number is Not Acceptable)  
**201 S. Biscayne Blvd, Suite 1500 (WNJ)**

City  
**MIAMI**

FL

Zip Code  
**33131**

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  **Felicia Hickey, Asst Secy** **4-28-03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PUOTINEN, RHONDA 222 W 43 STREET HIALEAH FL 33012</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACOBS, WILLIAM 10615 SW 96 TER MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CARDWELL, GLEN 16580 SW 77 CT MIAMI FL 33157-3766</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BRÖCK, JAMES 850 ANASTASIA AVE CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TSCHUMY, WILLIAM E 3610 BAYVIEW ROD MIAMI FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FARR, LYN 1310 JACARDANDA LANE MIAMI LAKES FL 33014</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director - D SCHEIB, Alan J. 757 CRESCENT WAY Weston, FL 33326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President - PD Brock, James 850 ANASTASIA AVE Coral Gables, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ALAN J. SCHEIB** **3/12/03** **954-27-2958**

CR2E037 (10/02)