

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91171 047 ****61.25

DOCUMENT # N01000005992

1. Entity Name

A LIVING VISION OF ALVA, INC.

Principal Place of Business

21420 PEARL STREET
 ALVA FL 33920

Mailing Address

POST OFFICE BOX 2022
 ALVA FL 33920

8010600

ATT: MARILYN J. FEINSTERER TREASURER



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1120852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLIM, SARAH
17651 CYPRESS CREEK ROAD
ALVA FL 33920

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <input type="checkbox"/> Delete
NAME	GILLIM, SARAH
STREET ADDRESS	17651 CYPRESS CREEK ROAD
CITY-ST-ZIP	ALVA FL 33920
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	PERFETTO, GUS
STREET ADDRESS	POST OFFICE BOX 938
CITY-ST-ZIP	ALVA FL 33920
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	COLVIN, JEAN
STREET ADDRESS	2140 GARDNER ROAD
CITY-ST-ZIP	ALVA FL 33920
TITLE	D <input type="checkbox"/> Delete
NAME	BROOKMAN, STEVE
STREET ADDRESS	18060 OTTER WATERWAY
CITY-ST-ZIP	ALVA FL 33920
TITLE	D <input type="checkbox"/> Delete
NAME	CALL, MARTIN
STREET ADDRESS	19180 WITTS END
CITY-ST-ZIP	ALVA FL 33920

TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN J. FEINSTERER
STREET ADDRESS	2320 BISHOP DRIVE
CITY-ST-ZIP	ALVA, FL 33920
TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN PAYNE
STREET ADDRESS	PO BOX 1091 PEARL STREET
CITY-ST-ZIP	ALVA, FL 33920
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNDA KENDRICK
STREET ADDRESS	PO BOX 835 - N. RIVER ROAD
CITY-ST-ZIP	ALVA, FL 33920
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA PAGAN
STREET ADDRESS	PO BOX 835 - N. RIVER ROAD
CITY-ST-ZIP	ALVA, FL 33920
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Marilyn J. Fensterer* **4/27/02** **239-728-9972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)