


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90007 039 \*\*\*\*61.25

**DOCUMENT # N01000005992**

1. Entity Name  
**A LIVING VISION OF ALVA, INC.**



Principal Place of Business      Mailing Address

21420 PEARL STREET      2320 BISHOP DR  
 ATTN MARILYN J FENSTERER      ATTN MARILYN J FENSTERER  
 ALVA FL 33920      ALVA FL 33920



MOORE      CR2E037 (4/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-1120852**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GILLIM, SARAH**  
**17651 CYPRESS CREEK ROAD**  
**ALVA FL 33920**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GILLIM, SARAH<br>17651 CYPRESS CREEK ROAD<br>ALVA FL 33920 <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>FENSTERER, MARILYN J<br>2320 BISHOP DR<br>ALVA FL 33920 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>PAYNE, JOHN<br>P.O. BOX 1091<br>ALVA FL 33920 <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ANDRYS, ROB<br>23031 TUCKAHOE ROAD<br>ALVA FL 33920 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>KENDRICK, LYNDA<br>SR 78 N RIVER RD<br>ALVA FL 33920 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PAGAN, MARIA<br>PO BOX 835-SR 78<br>ALVA FL 33920 <input type="checkbox"/> Delete                |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR<br>DENNA DANIELS<br>13251 PERSIMMON RIDGE RD<br>ALVA FL 33920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR<br>ROBY DANIELS<br>1800 PERSIMMON RIDGE RD<br>ALVA FL 33920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR<br>COLETTE CARWIN<br>30150 N. RIVER RD<br>ALVA FL 33920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR<br>BOBIE TAYLOR<br>PO BOX 307<br>ALVA, FL 33920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR<br>TOM SUPER<br>3037 CHARRIE AVE<br>ALVA FL 33920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR<br>MARY REED<br>PO BOX 306<br>ALVA FL 33920 <input type="checkbox"/> Change <input checked="" 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: *Marilyn J Fensterer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/04      239-723-9972  
 Date      Daytime Phone #