

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

21420 PEARL STREET
ATTN MARILYN J FENSTERER
ALVA FL 33920

Mailing Address

2320 BISHOP DR
ATTN MARILYN J FENSTERER
ALVA FL 33920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

65-1120852

Applied For

Not Applicable

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

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONNA DANIELS	
STREET ADDRESS	18351 PERSIMMON RIDGE RD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBY DANIELS	
STREET ADDRESS	18351 PERSIMMON RIDGE RD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLETTE CARWIN	
STREET ADDRESS	30150 N. RIVER RD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSIE TAYLOR	
STREET ADDRESS	PO BOX 207	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM SUPER	
STREET ADDRESS	3037 CLARE AVE	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY REED	
STREET ADDRESS	PO BOX 206	
CITY-ST-ZIP	ALVA FL 33920	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/04 239-23-9972