


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90012 010 ****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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country


1st MOORE CR2E037 (10/04)
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
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 May 1, 2005

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: D	NAME: GILLIM, SARAH	STREET ADDRESS: 17651 CYPRESS CREEK ROAD	CITY-ST-ZIP: ALVA FL 33920	<input type="checkbox"/> Delete
TITLE: T	NAME: FENSTERER, MARILYN J	STREET ADDRESS: 2320 BISHOP DR	CITY-ST-ZIP: ALVA FL 33920	<input type="checkbox"/> Delete
TITLE: S	NAME: PAYNE, JOHN	STREET ADDRESS: P.O. BOX 1091	CITY-ST-ZIP: ALVA FL 33920	<input type="checkbox"/> Delete
TITLE: DIRECTOR	NAME: ANDRYS, ROB	STREET ADDRESS: 23031 TUCKAHOE ROAD	CITY-ST-ZIP: ALVA FL 33920	<input type="checkbox"/> Delete
TITLE: D	NAME: DANIELS, DONNA	STREET ADDRESS: 18251 PERSIMMON RIDGE RD	CITY-ST-ZIP: ALVA FL 33920	<input type="checkbox"/> Delete
TITLE: D	NAME: PAGAN, MARIA	STREET ADDRESS: PO BOX 835 SR 78	CITY-ST-ZIP: ALVA FL 33920	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT	NAME: TOM SUPER	STREET ADDRESS: 2037 CLARK AVE	CITY-ST-ZIP: ALVA, FL 33920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DIRECTOR	NAME: COLLETTE CORWIN	STREET ADDRESS: 20150 N. RIVER	CITY-ST-ZIP: ALVA, FL 33920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DIRECTOR	NAME: FRANK NESSELHAUF	STREET ADDRESS: N. RIVER	CITY-ST-ZIP: ALVA FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIRECTOR	NAME: PATTY WALKER	STREET ADDRESS: 18000 HARRISON RD.	CITY-ST-ZIP: ALVA FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIRECTOR	NAME: RUBY DANIELS	STREET ADDRESS: 18100 PERSIMMON RIDGE RD.	CITY-ST-ZIP: ALVA FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIRECTOR	NAME: DONNA DANIELS	STREET ADDRESS: 18251 PERSIMMON RIDGE RD	CITY-ST-ZIP: ALVA, FL 33920	<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: *Marilyn J Fensterer* DATE: 5/1/05 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR