

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

DOCUMENT# N01000005992

Entity Name: A LIVING VISION OF ALVA, INC.

Current Principal Place of Business:

21420 PEARL STREET
ATTN MARILYN J FENSTERER
ALVA, FL 33920

New Principal Place of Business:

21420 PEARL STREET
ATTN RUBY J DANIELS
ALVA, FL 33920

Current Mailing Address:

2320 BISHOP DR
ATTN MARILYN J FENSTERER
ALVA, FL 33920

New Mailing Address:

18100 PERSIMMON RIDGE ROAD
ATTN RUBY J DANIELS
ALVA, FL 33920

FEI Number: 65-1120852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENSTERER, MARILYN J
2350 BISHOP DRIVE
ALVA, FL 33920 US

Name and Address of New Registered Agent:

DANIELS, RUBY J
18100 PERSIMMON RIDGE ROAD
ALVA, FL 33920 US

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: RUBY J DANIELS

03/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, NORMAN JR
Address: 2380 HERZOG RD
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: FENSTERER, MARILYN J
Address: 2320 BISHOP DR
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: PAYNE, JOHN
Address: P.O. BOX 1091
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: ANDRYS, ROB
Address: 23031 TUCKAHOE ROAD
City-St-Zip: ALVA, FL 33920

Title: VD () Delete
Name: BERCIK, GEORGE
Address: 2411 HERZOG RD
City-St-Zip: ALVA, FL 33920

Title: T () Delete
Name: DANIELS, RUBY
Address: 18100 PERSIMMON RIDGE RD
City-St-Zip: ALVA, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALKER, PATTY
Address: P.O. BOX 442
City-St-Zip: ALVA, FL 33920

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBY J DANIELS

T

03/26/2007

Electronic Signature of Signing Officer or Director

Date