


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90104 020 \*\*\*\*70.00

**DOCUMENT # N01000005992**

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



Principal Place of Business  
**21420 PEARL STREET  
 ATTN RUBY J DANIELS  
 ALVA, FL 33920**

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



2. Principal Place of Business - No P.O. Box #  
**21471 NORTH River Rd**

3. Mailing Address  
**P.O. Box 2022**

Suite, Apt. #, etc.  
**Attn: Emily R. Smith**

Suite, Apt. #, etc.  
**Attn: Emily R. Smith**

City & State  
**Alva, FL**

City & State  
**Alva FL**

Zip  
**33920**

Country  
**USA**

Zip  
**33920**

Country  
**USA**

04172008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name  
**Smith, Emily R.**

Street Address (P.O. Box Number is Not Acceptable)  
**21121 Wild Horse Dr.**

City  
**Alva**

FL Zip Code  
**33920**

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 *Emily R. Smith* *Emily R. Smith* **04/17/2008**

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

**Filing Fee is \$61.25 Due by May 1, 2008**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	WALKER, NORMAN JR	2380 HERZOG RD	ALVA, FL 33920	<input checked="" type="checkbox"/>
D	FENSTERER, MARILYN J	2320 BISHOP DR	ALVA, FL 33920	<input checked="" type="checkbox"/>
D	WALKER, PATTY	P.O. BOX 442	ALVA, FL 33920	<input checked="" type="checkbox"/>
D	ANDRYS, ROB	23031 TUCKAHOE ROAD	ALVA, FL 33920	<input type="checkbox"/>
VD	BERCZIK, GEORGE	2411 HERZOG RD	ALVA, FL 33920	<input checked="" type="checkbox"/>
T	DANIELS, RUBY	18100 PERSIMMON RIDGE RD	ALVA, FL 33920	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Daniels, Ruby J.	18100 Persimmon Ridge Rd	Alva, FL 33920	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	mathisen, Jim	1670 Werner Rd.	Alva, FL 33920	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Green, Jim	14801 Palm Beach Blvd.	Ft. Myers, FL 33905	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Redfern, William	14651 Duke Highway	Alva, FL 33920	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Smith, Nancy	2120 Sebastian Ct.	Alva, FL 33920	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Smith, Emily R.	21121 Wild Horse Dr.	Alva, FL 33920	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Emily R. Smith* *Emily R. Smith* **04/17/2008** **239-728-3019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #