

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005992

FILED
Apr 29, 2012
Secretary of State

Entity Name: A LIVING VISION OF ALVA, INC.

Current Principal Place of Business:

21471 NORTH RIVER RD
ATTN EMILY R SMITH
ALVA, FL 33920 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2022
ATTN EMILY R SMITH
ALVA, FL 33920 US

New Mailing Address:

FEI Number: 65-1120852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, EMILY R
21121 WILD HORSE DR
ALVA, FL 33920 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DANIELS, RUBY J
Address: 18100 PERSIMMON RIDGE RD
City-St-Zip: ALVA, FL 33920 US

Title: S
Name: DENNIS, CONSTANCE
Address: 19041 FOX RUN ROAD
City-St-Zip: ALVA, FL 33920 US

Title: D
Name: HAWKINS, JOHN F
Address: 17640 TAYLOR ROAD
City-St-Zip: ALVA, FL 33920 US

Title: D
Name: FURBAY, PAUL
Address: 18320 PERSIMMON RIDGE
City-St-Zip: ALVA, FL 33920 US

Title: D
Name: STOTTLEMYER, MICHAEL
Address: 18400 TELEGRAPH CREEK RD
City-St-Zip: ALVA, FL 33920 US

Title: T
Name: SMITH, EMILY R
Address: 21121 WILD HORSE DR
City-St-Zip: ALVA, FL 33920 US

I hereby 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 all other like empowered.

SIGNATURE: EMILY R. SMITH

T

04/29/2012

Electronic Signature of Signing Officer or Director

Date