


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90098 014 \*\*\*\*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.**  
**POST OFFICE BOX 2022  
ATTN MARILYN J FENSTERER  
ALVA FL 33920**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

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 *Marilyn J Fensterer* DATE **8/15/03**

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

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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 <b>DIRECTOR</b>                          | <input type="checkbox"/> Delete            |
| NAME <b>GILLIM, SARAH</b>                      |  |
| STREET ADDRESS <b>17651 CYPRESS CREEK ROAD</b> |  |
| CITY-ST-ZIP <b>ALVA FL 33920</b>               |  |
| TITLE <b>TREASURER</b>                         | <input type="checkbox"/> Delete            |
| NAME <b>FENSTERER, MARILYN J</b>               |  |
| STREET ADDRESS <b>2320 BISHOP DR</b>           |  |
| CITY-ST-ZIP <b>ALVA FL 33920</b>               |  |
| TITLE <b>SECRETARY</b>                         | <input type="checkbox"/> Delete            |
| NAME <b>PAYNE, JOHN</b>                        |  |
| STREET ADDRESS <b>P.O. BOX 1091</b>            |  |
| CITY-ST-ZIP <b>ALVA FL 33920</b>               |  |
| TITLE <b>PRESIDENT</b>                         | <input type="checkbox"/> Delete            |
| NAME <b>ANDRYS, ROB</b>                        |  |
| STREET ADDRESS <b>23031 TUCKAHOE ROAD</b>      |  |
| CITY-ST-ZIP <b>ALVA FL 33920</b>               |  |
| TITLE <b>D</b>                                 | <input checked="" type="checkbox"/> Delete |
| NAME <b>BROOKMAN, STEVE</b>                    |  |
| STREET ADDRESS <b>18060 OTTER WATERWAY</b>     |  |
| CITY-ST-ZIP <b>ALVA FL 33920</b>               |  |
| TITLE <b>D</b>                                 | <input checked="" type="checkbox"/> Delete |
| NAME <b>CALL, MARTIN</b>                       |  |
| STREET ADDRESS <b>19180 WITTS END</b>          |  |
| CITY-ST-ZIP <b>ALVA FL 33920</b>               |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |
|--|--|
| TITLE <b>VPRES</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME <b>LYNDA HENDRICK</b>                 |  |
| STREET ADDRESS <b>SR 78 - N. RIVER RD.</b> |  |
| CITY-ST-ZIP <b>ALVA, FL 33920</b>          |  |
| TITLE <b>D</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME <b>MARIA PAGAN</b>                    |  |
| STREET ADDRESS <b>PAGAN 835-SR 78</b>      |  |
| CITY-ST-ZIP <b>ALVA, FL 33920</b>          |  |
| TITLE <b>D</b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME <b>BARBARA PEARL ST</b>               |  |
| STREET ADDRESS <b>ALVA, FL 33920</b>       |  |
| CITY-ST-ZIP <b>ALVA, FL 33920</b>          |  |
| TITLE <b>D</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME <b>MARY NEED</b>                      |  |
| STREET ADDRESS <b>17200 JULIA STREET</b>   |  |
| CITY-ST-ZIP <b>ALVA FL 33920</b>           |  |
| TITLE <b>D</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME <b>TERRY CARBONELL</b>                |  |
| STREET ADDRESS <b>31521 HIGH ST</b>        |  |
| CITY-ST-ZIP <b>ALVA FL 33920</b>           |  |
| TITLE <b>D</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME <b>DEZ WASS DE CUYA</b>               |  |
| STREET ADDRESS <b>TELEGRAPH CREEK RD</b>   |  |
| CITY-ST-ZIP <b>ALVA FL 33920</b>           |  |

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: **8/15/03** **239-128-9972**

CR2E037 (4/03)