

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

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

GILLIM, SARAH
17651 CYPRESS CREEK ROAD
ALVA FL 33920

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ DIRECTOR ☐ Delete
NAME GILLIM, SARAH
STREET ADDRESS 17651 CYPRESS CREEK ROAD
CITY-ST-ZIP ALVA FL 33920

TITLE ☐ VARES ☐ Change ☒ Addition
NAME LYNDIA KENDRICK
STREET ADDRESS SR 78 - N. RIVER RD.
CITY-ST-ZIP ALVA, FL 33920

TITLE ☒ TREASURER ☐ Delete
NAME FENSTERER, MARILYN J
STREET ADDRESS 2320 BISHOP DR
CITY-ST-ZIP ALVA FL 33920

TITLE ☒ D ☐ Change ☒ Addition
NAME MARIA PAGAN
STREET ADDRESS PAGAN 835-SR 78
CITY-ST-ZIP ALVA, FL 33920

TITLE ☒ SECRETARY ☐ Delete
NAME PAYNE, JOHN
STREET ADDRESS P.O. BOX 1091
CITY-ST-ZIP ALVA FL 33920

TITLE ☒ D ☐ Change ☐ Addition
NAME 20830 PEARL ST
STREET ADDRESS ALVA, FL 33920

TITLE ☒ PRESIDENT ☐ Delete
NAME ANDRYS, ROB
STREET ADDRESS 23031 TUCKAHOE ROAD
CITY-ST-ZIP ALVA FL 33920

TITLE ☒ D ☐ Change ☒ Addition
NAME MARY NEED
STREET ADDRESS 17200 JULIA STREET
CITY-ST-ZIP ALVA FL 33920

TITLE ☒ D ☒ Delete
NAME BROOKMAN, STEVE
STREET ADDRESS 18060 OTTER WATERWAY
CITY-ST-ZIP ALVA FL 33920

TITLE ☒ D ☐ Change ☒ Addition
NAME TERRY CARBONELL
STREET ADDRESS 31531 HIGH ST
CITY-ST-ZIP ALVA FL 33920

TITLE ☒ D ☒ Delete
NAME CALL, MARTIN
STREET ADDRESS 19180 WITTS END
CITY-ST-ZIP ALVA FL 33920

TITLE ☒ D ☐ Change ☒ Addition
NAME D.G. WASS DE CUYER
STREET ADDRESS TELEGRAPH CREEK RD
CITY-ST-ZIP ALVA FL 33920

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

8/15/03 299-128-9922

CR2E037 (4/03)