

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744516

**Entity Name:** EPWORTH VILLAGE WEST, INC.

**Current Principal Place of Business:**

5300 W. 16TH AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

C/O CHANTAL FALBY  
PO BOX 4369  
HIALEAH, FL 33014

**FEI Number:** 59-1920293

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DUNAJ LUCKING, MICHELLE  
Address        5300 W 16TH AVE  
City-State-Zip: HIALEAH FL 33012

Title            EXECUTIVE DIRECTOR  
Name            LOZANO, MADELYN  
Address        5300 W 16TH AVE  
City-State-Zip: HIALEAH FL 33012

Title            SD  
Name            BLANKS, MARY CAY  
Address        5300 W 16TH AVE  
City-State-Zip: HIALEAH FL 33012

Title            TD  
Name            GONZALEZ, YESSENIA  
Address        5300 W 16TH AVE  
City-State-Zip: HIALEAH FL 33012

Title            VP, DIRECTOR  
Name            PRUITT, JONAH  
Address        5300 W 16TH AVENUE  
City-State-Zip: HIALEAH FL 33012

*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:** MADELYN SIMON LOZANO

**EXECUTIVE DIRECTOR**

**01/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date