

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008345

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: VAUGHAN C. AND COLLETTE V. BELL CORPORATION

**Current Principal Place of Business:**

4731 N. PINE HILLS RD., UNIT 17  
ORLANDO, FL 32808

**New Principal Place of Business:**

11901 SWEARINGEN DR.  
#35  
AUSTIN, TX 78758

**Current Mailing Address:**

4731 N. PINE HILLS RD., UNIT 17  
ORLANDO, FL 32808

**New Mailing Address:**

11901 SWEARINGEN DR.  
#35  
AUSTIN, TX 78758

FEI Number: 11-3824643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BELL, COLLETTE V.  
4731 N. PINE HILLS RD., UNIT 17  
ORLANDO, FL 32808 US

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

BELL, COLETTE V.  
11901 SWEARINGEN DR  
#35  
AUSTIN TX, FL 78758 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: COLETTE V. BELL

04/26/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BELL, COLETTE V.  
Address: 4731 N. PINE HILLS RD., UNIT 17  
City-St-Zip: ORLANDO, FL 32808

Title: V ( ) Delete  
Name: BELL, VAUGHAN C.  
Address: 4731 N. PINE HILLS RD., UNIT 17  
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete  
Name: GRAHAM, ADRIAN  
Address: 4731 N. PINE HILLS RD., UNIT 17  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BELL, COLETTE V.  
Address: 11901 SWEARINGEN DR#35  
City-St-Zip: AUSTIN, TX 78758

Title: V (X) Change ( ) Addition  
Name: BELL, VAUGHN C.  
Address: 11901 SWEARINGEN DR #35  
City-St-Zip: AUSTIN, TX 78758

Title: S (X) Change ( ) Addition  
Name: GRAHAM, ADRIENNE  
Address: 11901 SWEARINGEN DR #35  
City-St-Zip: AUSTIN, TX 78758

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COLETTE V. BELL

P

04/26/2008

Electronic Signature of Signing Officer or Director

Date