


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90048 032 ****61.25

DOCUMENT # 708889 1. Entity Name BACHELORS AND BELLES, INC.					
Principal Place of Business P.O. BOX 260443 TAMPA, FL 33685-0401 US			Mailing Address P.O. BOX 260443 TAMPA, FL 33685-0401 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIGANGI, FAYE 4007 OHIO AVE TAMPA, FL 33616				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 <u><i>Faye Digangi</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIGANGI, FAYE		NAME		
STREET ADDRESS	4007 OHIO AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33616		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, JAN		NAME		
STREET ADDRESS	1012 SYLVIA LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	SVPD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEWITT, STAN		NAME	SVPD REICH, BONITA	
STREET ADDRESS	5311 STATE ROAD 60		STREET ADDRESS	11820 SOPHIA DR. APT-2209	
CITY-ST-ZIP	DOVER, FL 33527		CITY-ST-ZIP	TEMPLE TERRACE, FL 33637-8404	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCIONTI, BETTIE		NAME		
STREET ADDRESS	3713 CHAMPAGNE DR #115		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIMAIO, BETTYE		NAME	S. Ballard Jean	
STREET ADDRESS	13903 LAZY OAK DR		STREET ADDRESS	7302 EXETER WAY	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP	TAMPA, FL 33615-5013	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Bettie Scionti</i></u> Bettie Scionti, Treasurer 1-10-05 813-265-1339 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7199158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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