

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708889

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** BACHELORS AND BELLES, INC.

**Current Principal Place of Business:**

4402 W. OHIO AVENUE  
TAMPA, FL 336147820 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 260443  
TAMPA, FL 336850401 US

**New Mailing Address:**

**FEI Number:** 23-7199158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIGANGI, FAYE  
4007 OHIO AVENUE  
TAMPA, FL 336161231 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLARK, JAMES E  
Address: 12002 STEPPINGSTONE BLVD  
City-St-Zip: TAMPA, FL 336356252

Title: VP  
Name: EDWARDS, LETHA  
Address: 4303 W. WISCONSIN CT.  
City-St-Zip: TAMPA, FL 336161144

Title: 2VP  
Name: STOKER, NORMAN  
Address: 1113 TERRA MAR DR  
City-St-Zip: TAMPA, FL 336132054

Title: T  
Name: DIGANGI, FAYE  
Address: 4007 OHIO AVE  
City-St-Zip: TAMPA, FL 336161231

Title: S  
Name: FISCHER, MERNA L  
Address: 4206 MEADOW HILL DR  
City-St-Zip: TAMPA, FL 336188653

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: BETTIE SCIONTI

MBR

01/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date