

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708903

1. Corporation Name

BELL NURSERY SCHOOL, INC.

Principal Place of Business

715 N W 10TH ST.  
GAINESVILLE FL 32601

Mailing Address

715 N W 10TH ST.  
GAINESVILLE FL 32601

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90067 033 \*\*\*\*61.25

0010848



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/06/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1082451

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULKEY, VIVIAN  
715 N.W. 10TH ST.  
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME HAYES, VIRGINIA D  
STREET ADDRESS 901 NE 23RD ST  
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE VC  
1.2 NAME Bruce Smith  
1.3 STREET ADDRESS 3622 N.W. 43rd St.  
1.4 CITY-ST-ZIP Gainesville, FL.

TITLE VC  
NAME CHANEY, PHILIP  
STREET ADDRESS 5717 SW 63RD BLVD  
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE D  
2.2 NAME Philip Chaney  
2.3 STREET ADDRESS 5717 SW 63rd Blvd  
2.4 CITY-ST-ZIP Gainesville, FL.

TITLE DS  
NAME RICHARDSON, SARAH  
STREET ADDRESS 2940 NW 68TH AVE  
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE DT  
3.2 NAME LANA JACKSON  
3.3 STREET ADDRESS 626 S.W. 4th St.  
3.4 CITY-ST-ZIP Gainesville, FL

TITLE DT  
NAME SMITH, BRUCE  
STREET ADDRESS 3622 NW 43RD ST  
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE D  
4.2 NAME Stevie Hoffman-Huber  
4.3 STREET ADDRESS 5027 SW 9th Lane  
4.4 CITY-ST-ZIP Gainesville, FL.

TITLE D  
NAME SPRINGFIELD, MOLLY  
STREET ADDRESS 427 NW 50TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32607

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME FOREMAN, RONALD  
STREET ADDRESS 1616 NW 21ST ST  
CITY-ST-ZIP GAINESVILLE FL 32601

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivian Mulkey SIGNATURE REQUIRED: Virginia D. Hayes 4/29/99 352-372-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)