


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90017 045 \*\*\*\*70.00

<b>DOCUMENT # 708903</b> 1. Entity Name <b>BELL NURSERY SCHOOL, INC.</b>					
Principal Place of Business <b>715 N W 10TH ST. GAINESVILLE, FL 32601</b>				Mailing Address <b>715 N W 10TH ST. GAINESVILLE, FL 32601</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-1082451</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILLIAMS, GAIL B 715 N.W. 10TH ST. GAINESVILLE, FL 32601</b>				Name <b>Willie G. Mayberry</b> Street Address (P.O. Box Number is Not Acceptable) <b>3606 SE 33<sup>rd</sup> Way</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32641</b>	
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>Rev. W. G. Mayberry</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, SARAH B 2940 NW 68TH AVE GAINESVILLE, FL 32653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <b>Willie G. Mayberry</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3606 SE 33<sup>rd</sup> Way</b> <b>Gainesville, FL 32641</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEN, WILLIE 5717 SW 63RD BLVD GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Danny B. Harris</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3606 SE 33<sup>rd</sup> Way</b> <b>Gainesville, FL 32641</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, LANA 626 SW 4TH STREET GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <b>Kate Mayberry</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3606 SE 33<sup>rd</sup> Way</b> <b>Gainesville, FL 32641</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MCHENRY, JILL 3622 NW 43RD ST GAINESVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Dorothy Middleton</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>215 - 11<sup>th</sup> Avenue West</b> <b>Bradenton, FL 34205</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, GAIL B 808 NW 7TH AVE. GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tarshia Stanley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1219 Crossing Drive</b> <b>Lithia Springs, GA 30122</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, VIRGINIA 1616 NW 21ST, ST. GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Kristen N. Richardson</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4017 NE 1<sup>st</sup> Terrace</b> <b>Gainesville, FL 32609</b>		
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>K. Richardson</i></u>		Date: <u>4/21/04</u>		Daytime Phone #: <u>352-335-6734</u>	

11. cont

Attachments- 708903

54038849

Title

Name: Von Frasier

Street Address: 715 nw 10th Street

City- St- Zip: Gainesville, FL 32601