2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 708903

Entity Name: BELL NURSERY SCHOOL, INC.

Current Principal Place of Business:

715 N W 10TH ST.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

715 N W 10TH ST.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-1082451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYBERRY, WILLIE G
3606 SE 33RD WAY
GAINESVILLE, FL 32641 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	( ) Delete
Name:	MAYBERRY, WILLIE	
Address:	3606 SE 33RD WAY	
City-St-Zip:	GAINESVILLE, FL 32641	
Title:	VP	( ) Delete
Name:	HARRIS, DANNY B	
Address:	10401 - 106 VENICE BLVD #321	
City-St-Zip:	LOS ANGELES, CA 90034	
Title:	D	( ) Delete
Name:	FRASER, VON	
Address:	12 SE 1ST STREET	
City-St-Zip:	GAINESVILLE, FL 32601 68	
Title:	T	( ) Delete
Name:	MIDDLETON, DOROTHY	
Address:	215-11TH AVE WEST	
City-St-Zip:	BRADENTON, FL 34205	
Title:	D	( ) Delete
Name:	STANLEY, TARSHIA	
Address:	1219 CROSSING DRIVE	
City-St-Zip:	LITHIA SPRINGS, GA 30122	
Title:	D	( ) Delete
Name:	KELLY, ELENE	
Address:	715 NW 10TH STREET	
City-St-Zip:	GAINESVILLE, FL 32601	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: KATE MAYBERRY DIR. 04/28/2006

Electronic Signature of Signing Officer or Director — Date