

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708903

FILED
Apr 29, 2009
Secretary of State

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: 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:

I hereby certify that the information supplied with this filing does not qualify 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: KRISTEN N. RICHARDSON

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date