

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

DOCUMENT# 708903

**FILED**  
**Apr 29, 2010**  
**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  
**Name:** MAYBERRY, WILLIE  
**Address:** 3606 SE 33RD WAY  
**City-St-Zip:** GAINESVILLE, FL 32641

**Title:** D  
**Name:** FRASER, VON  
**Address:** 12 SE 1ST STREET  
**City-St-Zip:** GAINESVILLE, FL 32601 68

**Title:** T  
**Name:** MIDDLETON, DOROTHY  
**Address:** 215-11TH AVE WEST  
**City-St-Zip:** BRADENTON, FL 34205

**Title:** D  
**Name:** STANLEY, TARSHIA  
**Address:** 1219 CROSSING DRIVE  
**City-St-Zip:** LITHIA SPRINGS, GA 30122

**Title:** D  
**Name:** KELLY, ELENE  
**Address:** 715 NW 10TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32601

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:** KRISTEN N. RICHARDSON

D

04/29/2010

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

\_\_\_\_\_  
Date