


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90113 014 ****61.25

DOCUMENT # 733834
1. Entity Name
NATIVITY BELL RINGERS CLUB, INC.



Principal Place of Business Mailing Address
5220 JOHNSON STREET **5220 JOHNSON STREET**
HOLLYWOOD, FL 33021-5720 **HOLLYWOOD, FL 33021-5720**

DO NOT WRITE IN THIS SPACE

40015556



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-1655177 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLICHTE, PAUL G.
2134 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZIEGLER, DENISE
STREET ADDRESS	7116 CRESCENT CREEK WAY
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	VPD
NAME	ORTIZ, ELENA
STREET ADDRESS	4901 PIERCE ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	TD
NAME	FANNING, VAL
STREET ADDRESS	7070 NW 84 AVE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	S VENZA,
NAME	VEUZA, TERRI
STREET ADDRESS	5520 ARTHUR ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mary Ann Crawford* **1-11-07** **954-989-4451**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #