

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90010 008 ****61.25

DOCUMENT # 733834

1. Entity Name
NATIVITY BELL RINGERS CLUB, INC.



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

Mailing Address
**5220 JOHNSON STREET
HOLLYWOOD, FL 33021-5720**

DO NOT WRITE IN THIS SPACE

03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1655177

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	CRAWFORD, MARY ANN
STREET ADDRESS	5122 GARFIELD ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
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 11181 HERON Bay BLVD #4115
CITY-ST-ZIP	PARKLAND, FL 33067 CORAL SPRING FL 33076
TITLE	S
NAME	VENZA, 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	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #