

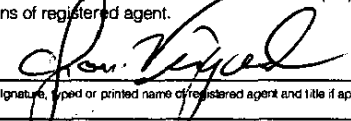
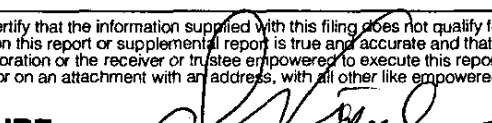


05-10-2004 90463 027 ****61.25

DOCUMENT # 751191				Secretary of State	
1. Entity Name BELLVIEW ATHLETIC ASSOCIATION, INC.				05-10-2004 90463 027 *****61.25	
Principal Place of Business 4750 LONGLEAF DR PENSACOLA, FL 32526		Mailing Address P. O. BOX 37014 PENSACOLA, FL 32526 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05042004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2151226	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VINYARD, DON 2712 EUREKA LANE PENSACOLA, FL 32526			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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  DON VINYARD 5-4-04					
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 September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VINYARD, DON	NAME			
STREET ADDRESS	2712 EUREKA LANE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAWKINS, JULIE	NAME	TREASURER SHANNON MARTIN		
STREET ADDRESS	5648 TURKEY RD	STREET ADDRESS	7317 GUNTER		
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP	PEN. FL. 32526		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SPRECHER, LISA	NAME	SECRETARY NAMI GENTLEY		
STREET ADDRESS	6801 CHICAGO AVE	STREET ADDRESS	3601 PATRICIA		
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP	PEN. FL.		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, GARY	NAME			
STREET ADDRESS	7317 GUNTER RD	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32524	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  5/4/04 (850) 554-0929					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					