

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90302 030 ****61.25

DOCUMENT # N01000001722

1. Entity Name
FRIENDS OF LAKE BELL, INC.



Principal Place of Business
**1033 LAKE BELL DRIVE
WINTER PARK, FL 32789**

Mailing Address
**1033 LAKE BELL DRIVE
WINTER PARK, FL 32789**

50043471



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04212005 Chg-NP CR2E037 (10/03)

City & State
Zip Country

4. FEI Number
59-3705905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BODIE, JOHN SCOTT
1033 LAKE BELL DRIVE
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/19/05**

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, DEBBIE 1112 TURNER AVE. WINTER PARK, FL 32789 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, TODD 1051 LAKE BELL DR. WINTER PARK, FL 32789 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'GRADY, JOHN 1027 LAKE BELL DR. WINTER PARK, FL 32789 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, BILL 1032 EARLY DR. WINTER PARK, FL 32789 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BODIE, J SCOTT S 1033 LAKE BELL DRIVE WINTER PARK, FL 32789 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO-REPLACEMENT YET. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #