


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

08-16-2007 90014 034 \*\*\*\*70.00

<b>DOCUMENT # N01000001882</b> 1. Entity Name <b>A G BELL FLORIDA, INC.</b>			
Principal Place of Business <b>P.O. BOX 533035 ORLANDO, FL 32853-3035</b>		Mailing Address <b>P.O. BOX 533035 ORLANDO, FL 32853-3035</b>	
2. Principal Place of Business - No P.O. Box # <b>3603 West Oklahoma Avenue</b>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		City & State	
Zip <b>33611</b>	Country <b>U.S.</b>	Zip	Country
4. FEI Number <b>59-3711758</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OTTO, BETH 2330 MONTANA ST. ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name <b>Marcus Rose</b> Street Address (P.O. Box Number is Not Acceptable) <b>3603 West Oklahoma Avenue</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33611</b>	
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 <u>Marcus Rose, Treasurer</u> <u>Marcus Rose, Treasurer</u> <u>8-11-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, SHERRA G 4002 BUCHANAN STREET HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ivy Tenenbaum 189 NW 113 Way Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO, BETH 2330 MONTANA STREET ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marcus Rose 3603 West Oklahoma Avenue Tampa, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, SANDRA 301 SW 15TH STREET BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Misa Beard 10550 Baymeadows Rd #126 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILLOON, DENNIS 11457 BLACK LAKE RD. TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dennis Filloon 11457 Black Lake Rd Tallahassee, FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynn McCulloch 251 SW 62nd Terrace Plantation, FL 33317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Marcus Rose, Treasurer</u> <u>Marcus Rose</u>		<u>8-11-07</u> <u>(813) 966-3591</u> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	