

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N01000001882

1. Entity Name
A G BELL FLORIDA, INC.



Principal Place of Business
**3603 WEST OKLAHOMA AVE
TAMPA, FL 33611**

Mailing Address
**P.O. BOX 533035
ORLANDO, FL 32853-3035**



DO NOT WRITE IN THIS SPACE

04072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3711758

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSE, MARCUS
3603 WEST OKLAHOMA AVE
TAMPA, FL 33611**

**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

UN00000337453
04/22/08-80054-014 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENENBORUM, IVY 189 NW 113 WAY CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSE, MARCUS 3603 WEST OKLAHOMA AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEARD, ALISA 10550 BOYMOODOWS RD #126 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FILLOON, DENNIS 11457 BLACK LAKE RD. TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOCH, LYNN 251 SW 62ND TERRACE PLANTATION, FL 33317
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: *Marcus Rose* **Marcus Rose, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

Date

813/966-5591

Daytime Phone #