

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001882

Entity Name: A G BELL FLORIDA, INC.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

3603 WEST OKLAHOMA AVE  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 533035  
ORLANDO, FL 328533035

**New Mailing Address:**

FEI Number: 59-3711758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TENENBORUM, IVY  
Address: 189 NW 113 WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T ( ) Delete  
Name: ROSE, MARCUS  
Address: 3603 WEST OKLAHOMA AVE  
City-St-Zip: TAMPA, FL 33611

Title: S (X) Delete  
Name: BEARD, ALISA  
Address: 10550 BOYMOODOWS RD #126  
City-St-Zip: JACKSONVILLE, FL 32256

Title: P ( ) Delete  
Name: FILLOON, DENNIS  
Address: 11457 BLACK LAKE RD.  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: MCCULLOCH, LYNN  
Address: 251 SW 62ND TERRACE  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCUS W ROSE

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date