

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007169

FILED  
May 14, 2004  
Secretary of State

Entity Name: BELLEVIEW BUSINESS LEADERS, INC.

**Current Principal Place of Business:**

PO BOX 787  
OCALA, FL 34478

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 787  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 59-3752942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOON, HOWARD  
4215 SE 59TH STREET  
OCALA, FL 34480 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: DP ( ) Delete  
Name: MOON, HOWARD  
Address: 4215 SE 59TH ST  
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete  
Name: FOWLER, SHERRY  
Address: PO BOX 520  
City-St-Zip: BELLEVIEW, FL 34421

Title: D ( ) Delete  
Name: INMAN, CONSTANCE R  
Address: 4828 SE 102ND PLACE  
City-St-Zip: BELLEVIEW, FL 34420

Title: TD ( ) Delete  
Name: WILSON, LINDA  
Address: PO BOX 1629  
City-St-Zip: BELLEVIEW, FL 34421

Title: S ( ) Delete  
Name: MOSLEY, PAMELA  
Address: 2922 NE 23 STREET  
City-St-Zip: OCALA, FL 34470

Title: S ( ) Delete  
Name: KEITH, KARL  
Address: 6221 SE 110 ST.  
City-St-Zip: BELLEVIEW, FL 34420

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOWARD MOON

DP

05/14/2004

Electronic Signature of Signing Officer or Director

Date