
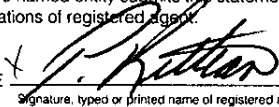
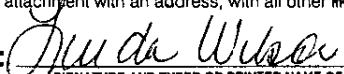


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90454 022 ****61.25

DOCUMENT # N01000007169 1. Entity Name BELVIEW BUSINESS LEADERS, INC.					
Principal Place of Business PO BOX 787 OCALA, FL 34478			Mailing Address PO BOX 787 OCALA, FL 34478		
2. Principal Place of Business 7719 SW 102nd Loop <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7719 SW 102nd Loop <small>Suite, Apt. #, etc.</small>			
City & State Ocala, Florida		City & State Ocala, Florida		4. FEI Number 59-3752942	
Zip 34474		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOON, HOWARD 4215 SE 59TH STREET OCALA, FL 34480				7. Name and Address of New Registered Agent Name Patrick Killian Street Address (P.O. Box Number is Not Acceptable) 7719 SW 102nd Loop Ocala, City FL Zip Code 34474	
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  DATE 4-6-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOON, HOWARD 4215 SE 59TH ST OCALA, FL 34480	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Patricia Yoder P.O. Box 291 Lady Lake, FL 32158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, SHERRY PO BOX 520 BELVIEW, FL 34421	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Patrick Killian 7719 SW 102nd Loop Ocala, Florida 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INMAN, CONSTANCE R 4828 SE 102ND PLACE BELVIEW, FL 34420	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ann Baylis 10815 SE 55th St. Bellevue, Florida 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, LINDA PO BOX 1629 BELVIEW, FL 34421	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSLEY, PAMELA 2922 NE 23 STREET OCALA, FL 34470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEITH, KARL 6221 SE 110 ST. BELVIEW, FL 34420	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deborah Gruber 3080 SE 159th Lane Rd Summerfield, Florida 34491
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:  Linda Wilson 4-6-05 352-245-3990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					