


**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  
**BELLEVUE 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**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7719 SW 102nd Loop**  
 Suite, Apt. #, etc.

City & State  
**Ocala, Florida**

City & State  
**Ocala, Florida**

Zip  
**34474** Country  
**USA**

Zip  
**34474** Country  
**USA**



02242005 Chg-NP CR2E037 (10/03)

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 *[Signature]* DATE **4-6-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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	D FOWLER, SHERRY PO BOX 520 BELLEVUE, FL 34421	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INMAN, CONSTANCE R 4828 SE 102ND PLACE BELLEVUE, FL 34420	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, LINDA PO BOX 1629 BELLEVUE, FL 34421	<input type="checkbox"/> Delete
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	S KEITH, KARL 6221 SE 110 ST. BELLEVUE, FL 34420	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Patricia Yoder P.O. Box 291 Lady Lake, FL 32158	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Patrick Killian 7719 SW 102nd Loop Ocala, Florida 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ann Baylis 10815 SE 55th St. Bellevue, Florida 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deborah Gruber 3080 SE 159th Lane Rd Summerfield, Florida 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* **Linda Wilson** DATE: **4-6-05** DAYTIME PHONE: **352-245-3990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR