


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90375 035 \*\*\*\*61.25

<b>DOCUMENT # N03000001605</b>	
1. Entity Name <b>THE MATT BELL COURAGE SCHOLARSHIP, INCORPORATED</b>	

Principal Place of Business <b>213 PALAFOX PLACE PENSACOLA, FL 32502</b>	Mailing Address <b>PO BOX 1312 PENSACOLA, FL 32591</b>
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40034540

2. Principal Place of Business - No P.O. Box # <b>5838 Grande Lagoon Blvd.</b>	3. Mailing Address <b>5838 Grande Lagoon Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03022007 Chg-NP CR2E037 (12/06)

City & State <b>Pensacola, FL</b>	City & State <b>Pensacola, FL</b>
Zip <b>32507</b>	Country
Country	Zip <b>32507</b>
Country	Country

4. FEI Number <b>20-0142696</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HOLLEY, JANET 213 PALAFOX PLACE PENSACOLA, FL 32502</b>	
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7. Name and Address of New Registered Agent	
Name <b>Bruce Bell</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5838 Grande Lagoon Blvd.</b>	
City <b>Pensacola</b>	FL Zip Code <b>32507</b>

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 *B Bell* **Bruce Bell** **3-6-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, BRUCE 5838 GRANDE LAGOON BLVD PENSACOLA, FL 32507 <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	PE BELL, KEITH L 1517 N 9 AVE PENSACOLA, FL 32503 <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	D CONDON, THOMAS F 113 S. ALCANIZ ST. PENSACOLA, FL 32502 <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	VP VICKREY, WILLIAM J 3346 PALERMO ROAD PENSACOLA, FL 32503 <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	ST YATES, CATHERINE 213 PALAFOX PLACE PENSACOLA, FL 32502 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *B Bell* **Bruce Bell** **3-6-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-492-7833