


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05953</b> 1. Entity Name BELL BAPTIST CHURCH OF BELL, FLA. INC.	
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Principal Place of Business 1039 MAIN STREET P.O. BOX 340 BELL, FL 32619	Mailing Address 1039 MAIN STREET P.O. BOX 340 BELL, FL 32619
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01192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LANGSTON, LARRY  
 3209 S US HWY 129  
 BELL, FL 32619

**DO NOT WRITE IN THIS SPACE**

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 Larry Langston Larry Langston 1-31-2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANDERS, MARVIN HIGHWAY 129 S. BELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YELVINGTON, JAMES R. RT 1 BOX 57E, HWY 129 S BELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLEOD, C. WAYNE 1940 SW 32ND PLACE BELL, FL 32614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000619027  
 02/08/07-80055-002 61.25

**DO NOT WRITE IN THIS SPACE**

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: C. Wayne McLeod 1-31-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #