

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05953

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: BELL BAPTIST CHURCH OF BELL, FLA. INC.

**Current Principal Place of Business:**

1039 MAIN STREET  
P.O. BOX 340  
BELL, FL 32619

**New Principal Place of Business:**

1029 S US HWY 129  
BELL, FL 32619

**Current Mailing Address:**

1039 MAIN STREET  
P.O. BOX 340  
BELL, FL 32619

**New Mailing Address:**

PO BOX 340  
BELL, FL 32619

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

LANGSTON, LARRY  
3209 S US HWY 129  
BELL, FL 32619    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:            STD            ( ) Delete  
Name:           SANDERS, MARVIN,  
Address:        P.O. BOX 64  
City-St-Zip:    BELL, FL 32619

Title:            PD            ( ) Delete  
Name:           YELVINGTON, JAMES R.,  
Address:        1720 NW 10TH ST  
City-St-Zip:    BELL, FL 32619

Title:            VD            ( ) Delete  
Name:           MCLEOD, C. WAYNE  
Address:        1940 SW 32ND PLACE  
City-St-Zip:    BELL, FL 32619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            STD            (X) Change ( ) Addition  
Name:           SANDERS, MARVIN  
Address:        P.O. BOX 64  
City-St-Zip:    BELL, FL 32619

Title:            PD            (X) Change ( ) Addition  
Name:           YELVINGTON, JAMES R JR.  
Address:        1720 NW 10TH ST  
City-St-Zip:    BELL, FL 32619

Title:            VD            (X) Change ( ) Addition  
Name:           MCLEOD, WAYNE C  
Address:        1940 SW 32ND PLACE  
City-St-Zip:    BELL, FL 32619

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARVIN SANDERS

STD

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date