


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90040 007 ****61.25

DOCUMENT # N06840 1. Entity Name JAMES E. AND CONSTANCE L. BELL FOUNDATION, INC.	
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Principal Place of Business %JAMES E. BELL 167 S.E. GOMEZ ROAD HOBE SOUND, FL 33455	Mailing Address 180 COOZTRIGHT STREET, STE 100 WILKES BARRE, PA 18702
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2. Principal Place of Business 166 S. BEACH ROAD Suite, Apt. #, etc.	3. Mailing Address 180 COURTRIGHT STREET Suite, Apt. #, etc. 100 Suite 100
City & State Hobe Sound, FL	City & State WILKES-BARRE PA
Zip 33455 Country USA	Zip 18702 Country USA

40012387



01252005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2473417	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BELL, JAMES E. 167 S.E. GOMEZ ROAD HOBE SOUND, FL 33455	7. Name and Address of New Registered Agent Name Bell, James E. Street Address (P.O. Box Number is Not Acceptable) 166 S. BEACH ROAD HOBE City Hobe Sound FL Zip Code 33455
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BELL, JAMES E. 166 SO. BEACH ROAD HOBE SOUND, FL <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	VD BELL, CONSTANCE L. 166 SO. BEACH ROAD HOBE SOUND, FL <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	SD BELL, STUART M. 225 COON ROAD WYOMING, PA 18644 <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 MOSER, CONSTANCE 530 TROTTERS DR. EAST MAITLAND, FL 32751 <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
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 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: Stuart M. Bell **SECRETARY** 1/28/05 (570) 825-6691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #