## 2007 NOT-FOR-PROFIT CORPORATION

## May 21, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N23517** 05-21-2007 90050 014 \*\*\*\*70.00 1. Entity Name BELL FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address \* \* UP. 100 CASUARINA CONCOURSE 100 CASUARINA CONCOURSE CORAL GABLES, FL 33143 US CORAL GABLES, FL 33143 05082007 No Chq-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0016516 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELL, RODNEY H. DO NOT WRITE C/O HÖLLAND & KNIGHT LLP 701 BRICKELL AVE., STE 3000 IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS DP & TREAS URER. BELL, DANIEL M. TITLE NAME STREET ADDRESS 100 CASUARINA CONCOURSE CITY-ST-ZIP CORAL GABLES, FL DESE CHAIRPORSON BELL, PATRICIA B. NAME STREET ADDRESS 100 CASUARINA CONCOUSE CITY-ST-ZIP CORAL GABLES, FL D & VICE PROSIDONAL BELLUR., DANIEL M. NAME STREET ADDRESS 116 WOODLANDS WEST DO NOT WRITE CITY-ST-ZIP COLUMBIA, SC 29229 DE VILLE PRESIDO TITLE Secretar IN THIS SPACE NAME BELL, RODNEY H STREET ADDRESS 701 BRICKELL AVE., STE 3000 CITY-ST-ZIP MIAM!, FL 33131

12. I hereby certify that the information supplied with this filling 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 phase like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

305-665-1520