

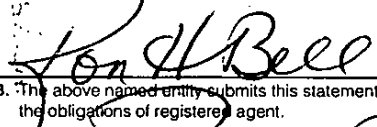




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90028 008 ****61.25

DOCUMENT # N92000000852 1. Entity Name BELL FAMILY FOUNDATION FOR HOPE, INC.					
Principal Place of Business 2200 N ATLANTIC AVE #1401 DAYTONA BEACH, FL 32118			Mailing Address 1500 BELVILLE ROAD STE 606 PMB 220 DAYTONA BEACH, FL 32114 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1500 Beville Road			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-3166060				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELL, RON H 2200 N ATLANTIC AVE #1401 DAYTONA BEACH, FL 32118 			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Daytona Beach FL Zip Code 32118		
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  DATE 1/29/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, RON H 2200 N ATLANTIC AVE #1401 DAYTONA BEACH, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, PATRICIA S 2200 N ATLANTIC AVE #1401 DAYTONA BEACH, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL RITTER, KELLI 7097 RIVERSIDE DR ATLANTA, GA 30328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	897 Edgewood Avenue Atlanta, GA 30307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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:  1/29/06 800-891-2663 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					