

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000852

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** BELL FAMILY FOUNDATION FOR HOPE, INC.

**Current Principal Place of Business:**

2200 N ATLANTIC AVE #1401  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

1500 BEVILLE RD  
STE 606 PMB 220  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 59-3166060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELL, RON H  
2200 N ATLANTIC AVE #1401  
DAYTONA BEACH, FL 32118 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: D ( ) Delete  
Name: BELL, RON H  
Address: 2200 N ATLANTIC AVE #1401  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete  
Name: BELL, PATRICIA S  
Address: 2200 N ATLANTIC AVE #1401  
City-St-Zip: DAYTONA BEACH, FL 32218

Title: D ( ) Delete  
Name: BELL RITTER, KELLI  
Address: 897 EDGEWOOD AVE  
City-St-Zip: ATLANTA, GA 30307

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RON H. BELL

D

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date