


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE
		<b>Sandra B. Mortham</b>
		Secretary of State
		DIVISION OF CORPORATIONS

FILED

98 OCT 20 PM 2:02

DOCUMENT # N95000002475 (0)

1. Corporation Name

BUDD BELL FOUNDATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business		Mailing Address	
2107 WOODSTOCK LANE TALLAHASSEE FL 32303		2107 WOODSTOCK LANE TALLAHASSEE FL 32303	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		05/24/1995	
4. FEI Number		59-3321831	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALBRITTON, GAIL K 1732 SILVERWOOD DR. TALLAHASSEE FL 32301				81 Name Budd Bell			
				82 Street Address (P.O. Box Number is Not Acceptable) 411 East College Ave.			
				83			
				84 City Tallahassee FL 85 Zip Code 32301			

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input type="checkbox"/> DELETE		1.1 TITLE...	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELL, B L			1.2 NAME	700002670407--5		
STREET ADDRESS	2107 WOODSTOCK LANE			1.3 STREET ADDRESS	-10/22/98--01087--006		
CITY-ST-ZIP	TALLAHASSEE FL 32303			1.4 CITY-ST-ZIP	*****61.25 *****61.25		
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALBRITTON, GAIL K			2.2 NAME			
STREET ADDRESS	1732 SILVERWOOD DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP			
TITLE	S/D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOOD, GLENDA M			3.2 NAME			
STREET ADDRESS	2983 BAYSHORE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	Treasurer		
STREET ADDRESS				4.3 STREET ADDRESS	TAD P. Fisher		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	411 East College Avenue		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/98 850-222-4507

CR2E037 (5/98)