2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000002475

BURHANS, JEANNE

FISHEK, CHRISTINE

TALLAHASSEE, FL 323175944

4479 HARBOUR NORTH CT

JACKSONVILLE, FL 32225

() Delete

PO BOX 15984

SD

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: BUDD BELL FOUNDATION, INC.

FILED Oct 09, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
2107 WOO TALLAHAS								
Current Mailing Address:					New Mailing Address:			
2107 WOODSTOCK LANE TALLAHASSEE, FL 32303					1732 SILVERWOOD DRIVE TALLAHASSEE, FL 32301			
FEI Number:	59-3321831	FEI Num	ber Applied For()	FEI Num	ber Not Appli	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
BELL, BUDD 411 EAST COLLEGE AVE TALLAHASSEE, FL 32301 US					BELL, BUDD 2107 WOODSTOCK LANE TALLAHASSEE, FL 32303 US			
The above in the State		ty submits th	nis statement for the p	ourpose of	changing it	ts registered o	office or registered agent, or bot	ih,
SIGNATURE: GAIL K ALBRITTON					10/09/2005			
	Electr	onic Signat	ure of Registered Age	ent			Date	_
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BELL, B L 2107 WOOD	() Delete OSTOCK LANE EE, FL 32303			Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VPTD ALBRITTON, 1732 SILVER TALLAHASS	RWOOD DR			Title: Name: Address: City-St-Zip:	VPTD (X ALBRITTON, G 1732 SILVERV TALLAHASSEE	VOOD DR	
Title [.]	2VPD	() Delete			Title:	(Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: GAIL K. ALBRITTON VP 10/09/2005

() Change () Addition