

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002475

FILED
May 01, 2006
Secretary of State

Entity Name: BUDD BELL FOUNDATION, INC.

Current Principal Place of Business:

2107 WOODSTOCK LANE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1732 SILVERWOOD DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3321831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BELL, BUDD
2107 WOODSTOCK LANE
TALLAHASSEE, FL 32303 US

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: PD () Delete
Name: BELL, B L
Address: 2107 WOODSTOCK LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VPTD () Delete
Name: ALBRITTON, GAIL K
Address: 1732 SILVERWOOD DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: 2VPD () Delete
Name: BURHANS, JEANNE
Address: PO BOX 15984
City-St-Zip: TALLAHASSEE, FL 323175944

Title: SD () Delete
Name: FISHEK, CHRISTINE
Address: 4479 HARBOUR NORTH CT
City-St-Zip: JACKSONVILLE, FL 32225

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL K. ALBRITTON

VPTD

05/01/2006

Electronic Signature of Signing Officer or Director

Date