

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000305 (0)**

1. Corporation Name

BELL BOYS & GIRLS ATHLETIC ASSOCIATION, INC.



Principal Place of Business 3470 NW 57 TRAIL BELL FL 32619	Mailing Address 3470 NW 57 TRAIL BELL FL 32619
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/16/1996	4. FEI Number 59-3333096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent PHILMAN, LINDA 3470 NW 57 TRAIL BELL FL 32619	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	EARY, RICAHRD
STREET ADDRESS	4322 NW 47 PL
CITY-ST-ZIP	BELL FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	THOMAS, LLOYD
STREET ADDRESS	3200 NW 30 ST
CITY-ST-ZIP	BELL FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BRYANT, ARA
STREET ADDRESS	3230 NW 30 AVE
CITY-ST-ZIP	BELL FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	PHILMAN, LINDA
STREET ADDRESS	3470 NW 57 TRAIL
CITY-ST-ZIP	BELL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DOUGLAS, DEWITT
STREET ADDRESS	3219 NE CR 138
CITY-ST-ZIP	HIGH SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ATWOOD, JOE
STREET ADDRESS	8649 NW 40 CT
CITY-ST-ZIP	HIGH SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TOWNSEND, NEAL
2.3 STREET ADDRESS	RT 2 BOX 140T
2.4 CITY-ST-ZIP	TRENTON, FL 32693
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Joe W Atwood **JOE W ATWOOD** 2/7/98 454-4316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011541

CR2E037 (10/97)