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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000000305**

1. Corporation Name
BELL BOYS & GIRLS ATHLETIC ASSOCIATION, INC.

572272 - 90011 - 26

Principal Place of Business	Mailing Address
3470 NW 57 TRAIL BELL FL 32619	3470 NW 57 TRAIL BELL FL 32619

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3333096 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PHILMAN, LINDA
3470 NW 57 TRAIL
BELL FL 32619

10. Name and Address of New Registered Agent

81 Name: HALTER, DAVID J
82 Street Address (P.O. Box Number is Not Acceptable): 579 S US 129
83
84 City: BELL FL 85 Zip Code: 32619

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: David J Halter DATE: 4/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	EARY, RICAHRD		1.2 NAME	HALTER, DAVID	
STREET ADDRESS	4322 NW 47 PL		1.3 STREET ADDRESS	579 S US 129	
CITY-ST-ZIP	BELL FL		1.4 CITY-ST-ZIP	BELL, FL 32619	
TITLE	V	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	TOWNSEND, NEAL		2.2 NAME	TOWNSEND, NEAL	
STREET ADDRESS	RT 2 BOX 140T		2.3 STREET ADDRESS	459 SE 57th Ct Rd	
CITY-ST-ZIP	TRENTON FL 32693		2.4 CITY-ST-ZIP	Trenton, FL 32693	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	BRYANT, ARA		3.2 NAME	BRYANT, ARA	
STREET ADDRESS	3230 NW 30 AVE		3.3 STREET ADDRESS	3230 NW 30th Ave	
CITY-ST-ZIP	BELL FL		3.4 CITY-ST-ZIP	Bell, FL 32619-0764	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	PHILMAN, LINDA		4.2 NAME	SANDERS, Derek	
STREET ADDRESS	3470 NW 57 TRAIL		4.3 STREET ADDRESS	1700 N MAIN ST	
CITY-ST-ZIP	BELL FL		4.4 CITY-ST-ZIP	Bell, FL 32619	
TITLE	PD	☐ DELETE	5.1 TITLE	VD	☐ Change ☐ Addition
NAME	DOUGLAS, DEWITT		5.2 NAME	Douglas, Dewitte	
STREET ADDRESS	3219 NE CR 138		5.3 STREET ADDRESS	3219 NE CR 138	
CITY-ST-ZIP	HIGH SPRINGS FL		5.4 CITY-ST-ZIP	High Springs, FL 32643	
TITLE	SD	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ATWOOD, JOE		6.2 NAME	Norman, Eldon	
STREET ADDRESS	8649 NW 40 CT		6.3 STREET ADDRESS	1249 NE SR 47	
CITY-ST-ZIP	HIGH SPRINGS FL		6.4 CITY-ST-ZIP	TRENTON, FL 32693	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Linda Philman AKA Bryant Treasurer 04-23-99 904-935-0864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #