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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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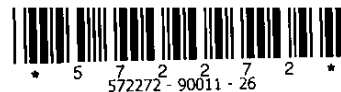
1. Corporation Name

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/16/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3333096	
24 Country		29 Country		5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required ☐ \$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 City	BELL
84 State	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	EARY, RICAHRD	
STREET ADDRESS	4322 NW 47 PL	
CITY-ST-ZIP	BELL FL	
TITLE	V	☐ DELETE
NAME	TOWNSEND, NEAL	
STREET ADDRESS	RT 2 BOX 140T	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	TD	☐ DELETE
NAME	BRYANT, ARA	
STREET ADDRESS	3230 NW 30 AVE	
CITY-ST-ZIP	BELL FL	
TITLE	D	☒ DELETE
NAME	PHILMAN, LINDA	
STREET ADDRESS	3470 NW 57 TRAIL	
CITY-ST-ZIP	BELL FL	
TITLE	PD	☐ DELETE
NAME	DOUGLAS, DEWITT	
STREET ADDRESS	3219 NE CR 138	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	SD	☒ DELETE
NAME	ATWOOD, JOE	
STREET ADDRESS	8849 NW 40 CT	
CITY-ST-ZIP	HIGH SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	HALTER, DAVID	
1.3 STREET ADDRESS	579 S US 129	
1.4 CITY-ST-ZIP	BELL, FL 32619	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	TOWNSEND, NEAL	
2.3 STREET ADDRESS	454 SE 57th Ct Rd	
2.4 CITY-ST-ZIP	Trenton, FL 32693	
3.1 TITLE	TD	☐ Change ☐ Addition
3.2 NAME	BRYANT, ARA	
3.3 STREET ADDRESS	3230 NW 30th Ave	
3.4 CITY-ST-ZIP	Bell, FL 32619-0784	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	SANDERS, Derek	
4.3 STREET ADDRESS	1700 N MAIN ST	
4.4 CITY-ST-ZIP	Bell, FL 32619	
5.1 TITLE	VD	☐ Change ☐ Addition
5.2 NAME	Douglas, Dewitt	
5.3 STREET ADDRESS	3219 NE CR 138	
5.4 CITY-ST-ZIP	High Springs, FL 32643	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	NORMAN, ELDON	
6.3 STREET ADDRESS	1249 NE SR 47	
6.4 CITY-ST-ZIP	TRENTON, FL 32693	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

04-23-99

904-9350864

CR2E037 (11/98)