

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90194 012 \*\*\*\*66.25

**DOCUMENT # N97000002067**

1. Entity Name

**THE BELLS HEAD COMMUNITY WATCH GROUP INC**

Principal Place of Business

Mailing Address

2701 MISSION ROAD  
PENSACOLA FL 325052700 MISSION ROAD  
PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3087251

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, MARY C  
2925 MISSION ROAD  
PENSACOLA FL 32505-4931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME EVANS, MARY A  
STREET ADDRESS 2925 MISSION ROAD  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VD  
NAME KNIGHT, ZENOBIA  
STREET ADDRESS 3418 W FISHER ST  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD  
NAME EVANS, CASSANDRA  
STREET ADDRESS 2925 MISSION ROAD  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD  
NAME JACKSON, CLARENCE  
STREET ADDRESS 2700 MISSION ROAD  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME ALLEN, EDDIE  
STREET ADDRESS CROSS STREET  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME JONES, MIZEL  
STREET ADDRESS 3421 W FISHER ST  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary A. Evans (850) 433-5271

Date 06/13/02 Daytime Phone #

CR2E037 (9/01)