2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 06, 2007 8:00 am Secretary of State

DOCUMENT # N9700002067 1. Entity Name THE BELLS HEAD COMMUNITY WATCH GROUP INC				C	8-06-200°	7 90032 001	l ****6	6.25	
2701 MISSION ROAD 270		Mailing Address 2700 MISSION ROAD PENSACOLA, FL 3250	05			rki os in s oli s 11871 i			
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07232007 CI	hg-NP	CR2E037	(12/06)		
City & State		City & State		4. FEI Number 59-308725	i1		→	oplied For ot Applicable	
Zip	Country	· Zip	Country	5. Certificate of St	atus Desired		8.75 Add e Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
EVANS, MARY C			Name	Name					
2925 MISSON ROAD PENSACOLA, FL 32505-4931			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	e i	
.8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or regist	tered agent, or both, in	the State of F	lorida. I am fan	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered Agent signature requi	red when reinstating)		DATE			
<u>.</u> : .	Filing Fee is \$61.25	9. Election Ca	mpaign Financing	\$5.00 May Be		Make check p			
Di	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Ca Trust Fund	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Flo	Make check p rida Departm	ent of St	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Avgust 01, 2007

Daytime Phone # 3-52