2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N98000001469

Entity Name: BELL ROAD HUMAN SERVICES, INC.

Current Principal Place of Business:

182 BELL ROAD
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

182 BELL ROAD
HAVANA, FL 32333

New Mailing Address:

FEI Number: 31-1592598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEASE, WILLIE
182 BELL RD
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WESTER, WILLIAM C	
Address:	1867 CONCORD ROAD	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	( ) Delete
Name:	WASHINGTON, WILBERT	
Address:	P.O. BOX 596	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	( ) Delete
Name:	HERRON, LENWOOD	
Address:	P.O. BOX 1	
City-St-Zip:	QUINCY, FL 32353	
Title:	D	( ) Delete
Name:	PEASE, WILLIE	
Address:	182 BELL ROAD	
City-St-Zip:	HAVANA, FL 32333	
Title:	AD	( ) Delete
Name:	PEASE, EUNICE	
Address:	182 BELL ROAD	
City-St-Zip:	HAVANA, FL 32333	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE PEASE D 04/30/2004

Electronic Signature of Signing Officer or Director — Date