

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001469

FILED
Apr 29, 2008
Secretary of State

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: P () Delete
Name: PEASE, WILLIE
Address: P.O. BOX 644
City-St-Zip: HAVANA, FL 32333

Title: V () Delete
Name: SINCLAIR, SHERONDA
Address: P.O. BOX 183
City-St-Zip: CALVARY, GA

Title: S () Delete
Name: PEASE, EUNICE
Address: P.O. BOX 644
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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHERONDA SINCLAIR

V

04/29/2008

Electronic Signature of Signing Officer or Director

Date