2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001469

FILED Apr 14, 2009 Secretary of State

Entity Name: BELL ROAD HUMAN SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 182 BELL ROAD HAVANA, FL 32333 **Current Mailing Address: New Mailing Address:** 182 BELL ROAD HAVANA, FL 32333 FEI Number: 31-1592598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEASE, WILLIE 182 BELL RD HAVANA, FL 32333 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PEASE, WILLIE Name: Name: Address: P.O. BOX 644 Address: City-St-Zip: HAVANA, FL 32333 City-St-Zip: Title: () Delete Title: () Change () Addition SINCLAIR, SHERONDA Name: Name: Address: P.O. BOX 183 Address: City-St-Zip: CALVARY, GA City-St-Zip: Title: () Delete Title: () Change () Addition PEASE, EUNICE Name: Name: Address: P.O. BOX 644 Address: City-St-Zip: HAVANA, FL 32333 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: WILLIE PEASE P 04/14/2009