

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710093

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** BRIDGES BTC, INC.

**Current Principal Place of Business:**

1694 CEDAR STREET  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

1694 CEDAR STREET  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 59-0905505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOKE, DAVID  
1694 CEDAR STREET  
ROCKLEDGE, FL 32955 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:** C  
**Name:** ELMORE, SUSAN  
**Address:** 3940 ALAN SHEPARD AVENUE  
**City-St-Zip:** COCOA,, FL 32926 US

**Title:** VC  
**Name:** RUDOLPH, BONNIE  
**Address:** 800 INVERNESS AVENUE  
**City-St-Zip:** MELBOURNE, FL 32937 US

**Title:** S  
**Name:** HILL, CECILIA  
**Address:** 7360 N. COCOA BLVD. SUITE 203  
**City-St-Zip:** COCOA, FL 32927 US

**Title:** T  
**Name:** SARNO, STEVE P  
**Address:** 6835 NARCOOSSEE ROAD, SUITE 1  
**City-St-Zip:** ORLANDO, FL 32822

**Title:** D  
**Name:** COOKE, DAVID  
**Address:** 1694 CEDAR ST.  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID COOKE

D

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date