

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000438

FILED
Mar 16, 2005
Secretary of State

Entity Name: THE DIGITAL BRIDGE LEARNING RESOURCE CENTER, INC.

Current Principal Place of Business:

2218 GREENHAVEN DRIVE
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

2218 GREENHAVEN DRIVE
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 59-3621897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, BARBARA J
2218 GREENHAVEN DRIVE
SUN CITY CENTER, FL 33573 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: PD () Delete
Name: MOORE, BARBARA J
Address: 2218 GREENHAVEN DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD () Delete
Name: GRIGGS, CATHERINE L
Address: 1209 SABLE COVE
City-St-Zip: RUSKIN, FL 33570

Title: SD () Delete
Name: HARTZOG, DANIEL
Address: 1209 SABLE COVE
City-St-Zip: RUSKIN, FL 33570

Title: T D () Delete
Name: GRIGGS, GENE
Address: 2218 GREENHAVEN DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: BIRCHMIRE, RICHARD
Address: 1104 CHESTERFIELD
City-St-Zip: RUSKIN, FL 33573

Title: D () Delete
Name: WHITE, JAMES DR.
Address: 4402 E. FOWLER AVE
City-St-Zip: TAMPA, FL 33620

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: D (X) Change () Addition
Name: BIRCHMIRE, RICHARD
Address: 1104 CHESTERFIELD
City-St-Zip: RUSKIN, FL 33570

Title: D (X) Change () Addition
Name: GRIGGS, BRONSON
Address: 1209 SABLE COVE
City-St-Zip: RUSKIN, FL 33570

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: BARBARA J. MOORE

PD

03/16/2005

Electronic Signature of Signing Officer or Director

Date