


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000007932  
 1. Entity Name  
 BRIDGING THE GAP OUTREACH INC.



Principal Place of Business  
 5715 HARDAWAY HWY  
 CHATTAHOOCHEE, FL 32324

Mailing Address  
 P.O. BOX 0722  
 CHATTAHOOCHEE, FL 32324



04172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 03-0486363

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEAS, TITUS B JR  
 225 QUAIL ROOST DRIVE  
 QUINCY, FL 32352

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000918076  
 05/13/08-80068-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAS, TITUS B JR. 225 QUAIL ROOST DRIVE QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILCREASE, SHARON B 122 PAVILLION DRIVE QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKS, CHERRY A 181 BEECH STREET GRETNA, FL 32332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLOSE, MARTY R 400 BYRD ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC MILLAN, LOTTIE 339 COCHRAN ROAD CHATTAHOOCHEE, FL 32324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Titus B. Deas, Jr.* 4-18-08 850-856-8778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #