

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002166

FILED
Apr 13, 2009
Secretary of State

Entity Name: BRIDGES ACROSS BORDERS, INC.

Current Principal Place of Business:

10125 S.W. 104 AVENUE
HAMPTON, FL 32044 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 103
GRAHAM, FL 32042 US

New Mailing Address:

FEI Number: 02-0683003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSLEY, CAROL PD
10121 S.W. 104 AVENUE
HAMPTON, FL 32044 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: VD () Delete
Name: VASQUEZ, ANAMARIA
Address: PO BOX 85878
City-St-Zip: TUCSON, AZ 85624 US

Title: S/TD () Delete
Name: REGIER, MICHI
Address: 37073 N ANTONIO AVE
City-St-Zip: LAKE VILLA, IL 60046 US

Title: PD () Delete
Name: MOSLEY, CAROL
Address: 10121 S.W. 104 AVENUE
City-St-Zip: HAMPTON, FL 32044 US

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: CAROL F MOSLEY

P/D

04/13/2009

Electronic Signature of Signing Officer or Director

Date