

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90219 034 ****70.00

DOCUMENT # N03000006875

1. Entity Name
BUILDING BRIDGES TO YOUTH, INC.



Principal Place of Business
342 MARTIN LUTHER KING BLVD
STUART, FL 34994

Mailing Address
PO BOX 1677
STUART, FL 34995

94073917



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-NP

CR2E037 (10/03)

4. FEI Number

80-0073386

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, OLLIE C
5821 SE COLEE AVE
STUART, FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **Board President** ☐ Delete
NAME **WILLIAMS, VICKIE**
STREET ADDRESS **3591 COBIA WAY**
CITY-STATE-ZIP **STUART, FL**

TITLE **Vice President** ☐ Delete
NAME **RAINES, TIM**
STREET ADDRESS **918 E LAKE ST**
CITY-STATE-ZIP **STUART, FL**

TITLE **Administrator** ☐ Delete
NAME **HARVEY, OLLIE C**
STREET ADDRESS **5821 SE COLEE AVE**
CITY-STATE-ZIP **STUART, FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Ollie C. Harvey **Ollie C. Harvey**

4-28-04

Date

(772) 781-8300

Daytime Phone #