

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002789

1. Entity Name
BRIDGES OF AMERICA-THE BRADENTON BRIDGE, INC.



Principal Place of Business

**2001 MERCY DRIVE
SUITE 101
ORLANDO, FL 32808**

Mailing Address

**2001 MERCY DRIVE
SUITE 101
ORLANDO, FL 32808**



03212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2518398

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOWMAN, WILLIAM R JR.
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE STE 1700
ORLANDO, FL 32801**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MADOUSE, PATRICIA
8085 N CADIZ COURT
ORLANDO, FL 32836**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MCMURTRY, GRADY S
4698 HALL RD
ORLANDO, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BROWN, DONALD S
6325 WHIP-O-WILL LANE
ST CLOUD, FL 34771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, CHARLES
5519 BAY SIDE DR
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COSTANTINO-BROWN, LORI
5519 BAY SIDE DRIVE
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000687696
04/10/07-00049-016 61.25

**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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/07

Date

407-291 1500

Daytime Phone #