

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 A
Secretary of State

DOCUMENT # N50274



1. Entity Name
BRIDGES OF AMERICA, THE ORLANDO BRIDGE, INC.

POSTED

Principal Place of Business
**2011 MERCY DR
ORLANDO, FL 32808 US**

Mailing Address
**2011 MERCY DR
ORLANDO, FL 32808 US**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2013044** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COSTANTINO, FRANK BSHP
2011 MERCY DR.
ORLANDO, FL 32808**

**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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COSTANTINO, FRANK
STREET ADDRESS	2011 MERCY DR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	MCMURTRY, GRADY
STREET ADDRESS	4698 HALL RD
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	D
NAME	POITRAS, EDWARD W
STREET ADDRESS	27 LAKE HAMILTON BEACH
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	D
NAME	HARRISON, BEN
STREET ADDRESS	P.O. BOX 279
CITY-ST-ZIP	BRYSON CITY, NC 28713
TITLE	D
NAME	BROWN, DON
STREET ADDRESS	6325 WHIP-O-WILL LANE
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	D
NAME	MADOUSE, PATTRICIA
STREET ADDRESS	2011 MERCY DR.
CITY-ST-ZIP	ORLANDO, FL 32808

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01/28/05-80011-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

Sari Costantino-Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05
Date

Daytime Phone # _____