

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

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**POSTED**



**DOCUMENT # N93000000891**  
 1. Entity Name  
**BRIDGES OF AMERICA - THE SANFORD BRIDGE, INC.**

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  
**59-3201301** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COSTANTINO, FRANK BISH**  
**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	D COSTANTINO, FRANK 2011 MERCY DR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMURTY, GRADY 4698 HALL RD. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, DON 6325 WHIP-O-WILL LANE ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRISON, BEN PO BOX 279 BRYSON CITY, NC 28713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POITRAS, EDWARD W 27 LAKE HAMILTON BEACH HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COSTANTINO-BROWE, LORI 2011 MERCY DR. ORLANDO, FL 32808

00000200052  
 01/28/05-80011-018 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: *Lori Costantino-Brown*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/05*  
 Date Daytime Phone #