


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90032 010 ****61.25

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	
2. Principal Place of Business 2001 Mercy Drive Suite, Apt. #, etc. Suite 101 City & State Orlando, Fl. Zip 32808 Country US		3. Mailing Address 2001 mercy Drive Suite, Apt. #, etc. Suite 101 City & State Orlando, Fl. Zip 32808 Country US	
		01052006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-3201301 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTANTINO, FRANK BISH 2011 MERCY DR ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name Costantino, Bishop Frank Street Address (P.O. Box Number is Not Acceptable) 2001 Mercy Drive Suite 101 City Orlando FL Zip Code 32808	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	NAME COSTANTINO, FRANK	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Costantino, Bishop Frank
STREET ADDRESS 2011 MERCY DR.	CITY-ST-ZIP ORLANDO, FL 32808	STREET ADDRESS 2001 mercy Drive Suite 101	CITY-ST-ZIP Orlando, Fl. 32808
TITLE D <input type="checkbox"/> Delete	NAME MCMURTY, GRADY	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME madause, Patricia
STREET ADDRESS 4698 HALL RD.	CITY-ST-ZIP ORLANDO, FL 32817	STREET ADDRESS 2001 mercy DRIVE, Suite 101	CITY-ST-ZIP Orlando, Fl. 32808
TITLE D <input type="checkbox"/> Delete	NAME BROWN, DON	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Brown, Charles
STREET ADDRESS 6325 WHIP-O-WILL LANE	CITY-ST-ZIP ST. CLOUD, FL 34771	STREET ADDRESS 2001 mercy Drive, Suite 101	CITY-ST-ZIP Orlando, Fl. 32808
TITLE D <input checked="" type="checkbox"/> Delete	NAME HARRISON, BEN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 279	CITY-ST-ZIP BRYSON CITY, NC 28713	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME POITRAS, EDWARD W	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 27 LAKE HAMILTON BEACH	CITY-ST-ZIP HAINES CITY, FL 33844	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME COSTANTINO-BROWE, LORI	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Costantino-Brown, Lori
STREET ADDRESS 2011 MERCY DR.	CITY-ST-ZIP ORLANDO, FL 32808	STREET ADDRESS 2001 mercy Drive, Suite 101	CITY-ST-ZIP Orlando, Fl. 32808
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: <u>Lori Costantino</u>		Date: <u>2/13/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT 6 0015847
BRIDGES OF #N93000000891

BISHOP FRANK COSTANTINO
PRESIDENT



"A Wholistic Twelve Step Treatment Program"

February 13, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find our 2006 Not-for-Profit Corporation Annual Reports. Last year we made changes that were not reflected on these reports.

Please insure that all changes are made accordingly.

Thank you.

Marvel Quevedo

Controller