


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90042 044 ****61.25

DOCUMENT # N93000000891							
1. Entity Name BRIDGES OF AMERICA - THE SANFORD BRIDGE, INC.							
Principal Place of Business 2001 MERCY DRIVE SUITE 101 ORLANDO, FL 32808 US		Mailing Address 2001 MERCY DRIVE SUITE 101 ORLANDO, FL 32808 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	03272007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3201301 Applied For Not Applicable			
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
COSTANTINO, FRANK BISH 2001 MERCY DRIVE SUITE 101 ORLANDO, FL 32808			7. Name and Address of New Registered Agent				
			Name <u>Lowman, William R Jr.</u>				
			Street Address (P.O. Box Number is Not Acceptable) <u>1000 Legion Place, Ste 1700</u>				
			City <u>Orlando</u>		FL	Zip Code <u>32801</u>	
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 <u>William R. Lowman, Jr.</u>			DATE <u>3/29/07</u>				
Filing Fee is \$61.25 Due by May 1, 2007			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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BROWN, CHARLES		NAME				
STREET ADDRESS	5519 BAY SIDE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BROWN, DONALD S		NAME				
STREET ADDRESS	6325 WHIP-O-WILL LANE		STREET ADDRESS				
CITY-ST-ZIP	ST. CLOUD, FL 34771		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COSTANTINO-BROWN, LORI		NAME				
STREET ADDRESS	5519 BAY SIDE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MADOUSE, PATTRICIA		NAME				
STREET ADDRESS	8085 N. CADIZ COURT		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCMURTY, GRADY S		NAME				
STREET ADDRESS	4698 HALL ROAD		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 address, with all other like empowered.							
SIGNATURE: <u>Lori Costantino</u>			DATE <u>3/29/07</u>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				