

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 2:27

DOCUMENT # **N94000002415 (7)**

1. Corporation Name  
**BRIDGES OF AMERICA, INC.**

Principal Place of Business Mailing Address  
**2100 BREngle AVE ORLANDO FL 32808-5629**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/13/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3266020</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

9. Name and Address of Current Registered Agent

**COSTANTINO, FRANK  
2100 BREngle AVE  
ORLANDO FL 32808-5629**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	<b>COSTANINO, FRANK</b>
STREET ADDRESS	<b>2090 PEACHTREE RD</b>
CITY - ST - ZIP	<b>ST. CLOUD FL 32769</b>
TITLE	D
NAME	<b>MCMURTRY, GRADY</b>
STREET ADDRESS	<b>4698 HALL RD</b>
CITY - ST - ZIP	<b>ORLANDO FL 32817</b>
TITLE	D
NAME	<del>KELLEY, MIKE</del>
STREET ADDRESS	<del>2086 CAMELOT BLVD</del>
CITY - ST - ZIP	<del>ST. CLOUD FL 34772</del>
TITLE	D
NAME	<b>POITRAS, EDWARD W</b>
STREET ADDRESS	<b>27B MOORE RD</b>
CITY - ST - ZIP	<b>HAINES CITY FL 33844</b>
TITLE	D
NAME	<b>HARRISON, BEN</b>
STREET ADDRESS	<b>P O BOX 1189 RT 1 N/A</b>
CITY - ST - ZIP	<b>CLERMONT FL 32711</b>
TITLE	D
NAME	<b>BROWN, DON</b>
STREET ADDRESS	<b>1375 COUNTY RD 585A</b>
CITY - ST - ZIP	<b>CLERMONT FL 34711</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>5519 Bayside Drive</b>
14 CITY - ST - ZIP	<b>Orlando, FL 32819</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>No longer a member</b>
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shown not qualify for the exemption stated in Section 199.032(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13, changed or omitted, in accordance with an address.

SIGNATURE: *Frank Costantino*  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ District Office: \_\_\_\_\_