

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**BOA**  
#443010  
61.25

DOCUMENT # **N94000002415 (7)**

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



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

3. Date Incorporated or Qualified: **05/13/1994**      3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **59-3266020**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 2055 Mercy Drive**      2a. Mailing Address: **26 2055 Mercy Drive**  
Suite, Apt. #, etc.: **22**      Suite, Apt. #, etc.: **27**  
City & State: **23 Orlando FL**      City & State: **28 Orlando FL**  
Zip: **24 32807**      Country: **25**      Zip: **29 32808**      Country: **30**

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: **COSTANTINO, FRANK**  
82 Street Address (P.O. Box Number is Not Acceptable)\*: **2055 Mercy Drive**  
83 **ORLANDO FL**  
84 City: **ORLANDO**      85 Zip Code: **32819**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COSTANINO, FRANK</b>	1.2 NAME	
STREET ADDRESS	<b>5519 BAYSIDE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>32819</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMURTRY, GRADY</b>	2.2 NAME	
STREET ADDRESS	<b>4698 HALL RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POITRAS, EDWARD W</b>	3.2 NAME	
STREET ADDRESS	<b>27B MOORE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRISON, BEN</b>	4.2 NAME	
STREET ADDRESS	<b>P O BOX 1189 RT 1 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL</b>	4.4 CITY-ST-ZIP	<b>32711</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, DON</b>	5.2 NAME	
STREET ADDRESS	<b>1375 COUNTY RD 565A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_      Date: **1/19/96**      Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)