

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

**FILED**

**Jan 27 2005 08:00 AM**  
**Post Office**  
**Secretary of State**

**DOCUMENT # N94000002415**

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



Principal Place of Business  
 2011 MERCY DRIVE  
 ORLANDO, FL 32808 US

Mailing Address  
 2011 MERCY DRIVE  
 ORLANDO, FL 32808 US

**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3266020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

COSTANTINO, FRANK  
 2011 MERCY DRIVE  
 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	D
NAME	COSTANINO, FRANK
STREET ADDRESS	2011 MERCY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	MCMURTRY, GRADY
STREET ADDRESS	4698 HALL RD
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	D
NAME	POITRAS, EDWARD W
STREET ADDRESS	27 LAKE HAMILTON BEACH
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	D
NAME	HARRISON, BEN
STREET ADDRESS	P O BOX 279
CITY-ST-ZIP	BRYSON CITY, NC 28713
TITLE	D
NAME	BROWN, DON
STREET ADDRESS	6325 WHIP-O-WILL LANE
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	D
NAME	COSTANTINO, LORI
STREET ADDRESS	2011 MERCY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808

000000200046  
 01/28/05-80011-015 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 #