


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90029 010 \*\*\*\*61.25

DOCUMENT # N94000002415							
1. Entity Name BRIDGES OF AMERICA, 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	4. FEI Number 59-3266020 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LOWMAN, WILLIAM R JR. SHUFFIELD, LOWMAN & WILSON, P.A. 1000 LEGION PLACE - SUITE 1700 ORLANDO, FL 32801			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
<b>Make check payable to Florida Department of State</b>							
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	MCMURTRY, GRADY	NAME					
STREET ADDRESS	4698 HALL RD	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32817	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	POITRAS, EDWARD W	NAME					
STREET ADDRESS	27 LAKE HAMILTON BEACH	STREET ADDRESS					
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BRWON, CHARLES	NAME					
STREET ADDRESS	2001 MERCY DR SUITE 101	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BROWN, DON	NAME					
STREET ADDRESS	6325 WHIP-O-WILL LANE	STREET ADDRESS					
CITY-ST-ZIP	ST. CLOUD, FL 34771	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	COSTANTINO, LORI	NAME					
STREET ADDRESS	2001 MERCY DR SUITE 101	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32808	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 an address, with all other like empowered.							
SIGNATURE: _____							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date: 4/21/08 Daytime Phone #: 407-291-1500							