


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90082 018 ****61.25

DOCUMENT # N94000002416

1. Entity Name
BRIDGES OF AMERICA - THE ST. PETE BRIDGE, INC.



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

Mailing Address
 2011 MERCY DR
 ORLANDO, FL 32808 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04142004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3289590

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COSTANTINO, FRANK
2055 MERCY DR
ORLANDO, FL 32808-5629

7. Name and Address of New Registered Agent
 Name **Costantino, Frank**
 Street Address (P.O. Box Number is Not Acceptable)
2011 Mercy DR
 City **Orlando** FL Zip Code **32808**

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 Lori Costantino DATE 4/19/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, FRANK 2011 MERCY DR ORLANDO, FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURTRY, GRADY 4698 HALL RD ORLANDO, FL 32817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITRAS, EDWARD W 27 LAKE HAMILTON BEACH HAINES CITY, FL 33844 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, BEN P.O. BOX 279 BRYSON CITY, NC 28713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DON 6325 WHIP-O-WILL LANE ST CLOUD, FL 34771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSTANTINO-BROWN, LORI 2011 MERCY DR ORLANDO, FL 32808 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Madouse 2011 Mercy Drive Orlando, FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Brown 2011 Mercy Drive Orlando, FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE 4/19/04 DAYTIME PHONE # 407-291-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR