

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

BOA
#443010
61.25

DOCUMENT # N94000005648 (0)

1. Corporation Name

BRIDGES OF AMERICA - THE BAY COUNTY BRIDGE, INC.



Principal Place of Business

Mailing Address

**8100 BRENGLE AVE
ORLANDO FL 32808-5629**

**2700 BRENGLE AVE
ORLANDO FL 32808-5629**

3. Date Incorporated or Qualified
11/16/1994

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 *2055 Mercy Drive*

26 *2055 Mercy Drive*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 *Orlando FL*

28 *Orlando*

Zip

Country

Zip

Country

24 *32808*

29 *32808*

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2055 Mercy Drive

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **COSTANTINO, FRANK**
STREET ADDRESS **5519 BAY SIDE DR**
CITY - ST - ZIP **ORLANDO FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **32819**

TITLE **D** DELETE
NAME **MCMURTRY, GRADY**
STREET ADDRESS **4698 HALL RD**
CITY - ST - ZIP **ORLANDO FL 32817**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** DELETE
NAME **BROWN, DON**
STREET ADDRESS **1375 COUNTY RD 565A**
CITY - ST - ZIP **CLERMONT FL 34711**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** DELETE
NAME **POITRAS, EDWARD W**
STREET ADDRESS **27B MOORE RD**
CITY - ST - ZIP **HAINES CITY FL 33844**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** DELETE
NAME **HARRISON, BEN**
STREET ADDRESS **P O BOX 1189 RT 1**
CITY - ST - ZIP **CLERMONT FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP **34711**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Frank Costantino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
Date

Daytime Phone #

CR2E037 (12/95)