


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90082 013 ****61.25

DOCUMENT # N96000001344

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



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

Mailing Address
**2011 MERCY DR
 ORLANDO, FL 32808**


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

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

City & State

City & State

Zip Country Zip Country



04142004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3366721

Applied For
 Not Applicable

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: **Bishop Frank Costantino**

Street Address (P.O. Box Number is Not Acceptable)
2011 Mercy Drive

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goliath DAVIS	
STREET ADDRESS	175 5th Street. North	
CITY-ST-ZIP	St. Petersburg, FL. 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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