


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90033 021 \*\*\*\*61.25

**DOCUMENT # N96000001344**

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



**60015856**



Principal Place of Business  
 2011 MERCY DR  
 ORLANDO, FL 32808

Mailing Address  
 2011 MERCY DR  
 ORLANDO, FL 32808

2. Principal Place of Business  
**2001 Mercy Drive**

3. Mailing Address  
**2001 Mercy Drive**

Suite, Apt. #, etc.  
**Suite 101**

City & State  
**Orlando, Fl.**

Zip  
**32808**

Country  
**US**

01032006 Chg-NP CR2E037 (11/05)

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  
**CONSTANTINO, BISHOP FRANK**  
 2011 MERCY DRIVE  
 ORLANDO, FL 32808

7. Name and Address of New Registered Agent  
 Name **Costantino, Bishop Frank**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2001 Mercy Drive**  
**Suite 101**  
 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COSTANTINO, FRANK<br>2011 MERCY DR<br>ORLANDO, FL 32808 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Costantino, Bishop Frank</b><br><b>2001 mercy Drive, Suite 101</b><br><b>Orlando, Fl. 32808</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCMURTRY, GRADY<br>4698 HALL RD<br>ORLANDO, FL 32817 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Madouse, Patricia</b><br><b>2001 mercy Drive suite 101</b><br><b>Orlando, Fl. 32808</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BROWN, DON<br>6325 WHIP-O-WILL LANE<br>ST CLOUD, FL 34771 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Brown, Charles</b><br><b>2001 mercy Drive suite 101</b><br><b>Orlando, Fl. 32808</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>POITRAS, EDWARD W<br>27 LAKE HAMILTON BEACH<br>HAINES CITY, FL 33844 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HARRISON, BEN<br>P.O. BOX 279<br>BRYSON CITY, NC 28713 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COSTANTINO-BROWN, LORI<br>2011 MERCY DR<br>ORLANDO FL 32808 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 the empowered.

SIGNATURE: Lori Costantino  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06  
 Date

Daytime Phone #

ATTACHMENT  
BRIDGES OF

60015850  
#1096000001399

BISHOP FRANK COSTANTINO  
PRESIDENT



*"A Wholistic Twelve Step Treatment Program"*

February 13, 2006

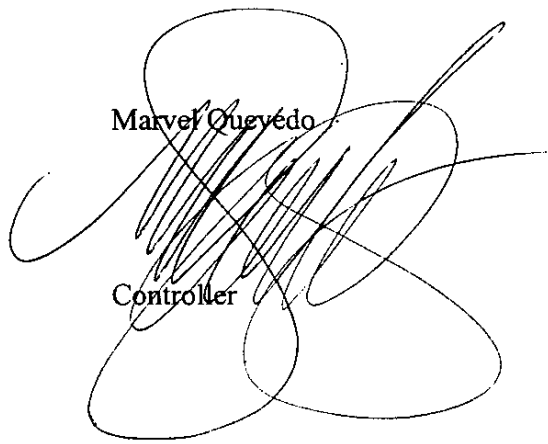
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find our 2006 Not-for-Profit Corporation Annual Reports. Last year we made changes that were not reflected on these reports.

Please insure that all changes are made accordingly.

Thank you.

Marvel Quevedo  
  
Controller