


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007932
 1. Entity Name
BRIDGING THE GAP OUTREACH INC.



Principal Place of Business Mailing Address
5715 HARDAWAY HWY **P.O. BOX 0722**
CHATTAHOOCHEE, FL 32324 **CHATTAHOOCHEE, FL 32324**

DO NOT WRITE IN THIS SPACE



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
03-0486363 Not Applicable

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

6. Name and Address of Current Registered Agent
DEAS, TITUS B JR
225 QUAIL ROOST DRIVE
QUINCY, FL 32352

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000918076
 05/13/08-80068-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAS, TITUS B JR. 225 QUAIL ROOST DRIVE QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILCREASE, SHARON B 122 PAVILLION DRIVE QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKS, CHERRY A 181 BEECH STREET GRETNA, FL 32332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLOSE, MARTY R 400 BYRD ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC MILLAN, LOTTIE 339 COCHRAN ROAD CHATTAHOOCHEE, FL 32324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Titus B. Deas, Jr.* **4-18-08** **850-856-8778**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #