

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007932

FILED
Mar 12, 2009
Secretary of State

Entity Name: BRIDGING THE GAP OUTREACH INC.

Current Principal Place of Business:

5715 HARDAWAY HWY
CHATTAHOOCHEE, FL 32324

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 0722
CHATTAHOOCHEE, FL 32324

New Mailing Address:

FEI Number: 03-0486363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAS, TITUS B JR
225 QUAIL ROOST DRIVE
QUINCY, FL 32352 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEAS, TITUS B JR.
Address: 225 QUAIL ROOST DRIVE
City-St-Zip: QUINCY, FL 32352

Title: VPD () Delete
Name: GILCREASE, SHARON B
Address: 122 PAVILLION DRIVE
City-St-Zip: QUINCY, FL 32351

Title: SD () Delete
Name: PARKS, CHERRY A
Address: 181 BEECH STREET
City-St-Zip: GRETN, FL 32332

Title: TD () Delete
Name: CLOSE, MARTY R
Address: 400 BYRD ROAD
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: MC MILLAN, LOTTIE
Address: 339 COCHRAN ROAD
City-St-Zip: CHATTAHOOCHEE, FL 32324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TITUS B. DEAS, JR.

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date