

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768519

**Entity Name:** BRIDGES BTC FOUNDATION, INC.

**Current Principal Place of Business:**

1694 CEDAR ST.  
ROCKLEDGE, FL 32955-3131

**Current Mailing Address:**

1694 CEDAR ST.  
ROCKLEDGE, FL 32955-3131

**FEI Number: 59-2295584**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

COOKE, DAVID  
1694 CEDAR STREET  
ROCKLEDGE, FL 32955 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name MYERS , CHRISTINE  
Address 5770 N. WICKHAM ROAD  
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY  
Name MCBRIDE , MIKE  
Address 668 LAW ST.  
City-State-Zip: MELBOURNE FL 32935

Title PRESIDENT  
Name COOKE , DAVID  
Address 1694 CEDAR STREET  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name CHANDA, HOPE  
Address 501 ORLANDO BLVD.  
City-State-Zip: INDIALANTIC FL 32903

Title OTHER, EXECUTIVE DIRECTOR  
Name GLEASON , CAREY  
Address 1694 CEDAR ST.  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name DYER , BOBBIE  
Address 10 S. HARBOR CITY BLVD.  
City-State-Zip: MELBOURNE FL 32901

Title PRESIDENT  
Name COOKE , DAVID  
Address 1694 CEDAR ST.  
City-State-Zip: ROCKLEDGE FL 32955

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID COOKE**

**PRESIDENT**

**01/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date