

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000012062

**Entity Name:** BRIDGES OF AMERICA-THE BROWARD COUNTY BRIDGE, INC.**Current Principal Place of Business:**2145 METROCENTER BLVD., STE. 350  
ORLANDO, FL 32835**Current Mailing Address:**2145 METROCENTER BLVD., STE. 350  
ORLANDO, FL 32835 US**FEI Number:** 20-2062423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COSTANTINO-BROWN, LORI  
2145 METROCENTER BLVD., STE. 350  
ORLANDO, FL 32835 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:** LORI COSTANTINO-BROWN

03/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SENIOR VICE PRESIDENT  
Name BROWN, CHARLES  
Address 2145 METROCENTER BLVD., STE. 350

City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name PENNINGTON, SAM  
Address 2145 METROCENTER BLVD., STE. 350

City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name GAINES, THOMAS  
Address 2145 METROCENTER BLVD., STE. 350

City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name DENMARK, CECILIA  
Address 2145 METROCENTER BLVD., STE. 350

City-State-Zip: ORLANDO FL 32835

Title DIRECTOR, PRESIDENT/CEO  
Name COSTANTINO-BROWN, LORI  
Address 2145 METROCENTER BLVD., STE. 350

City-State-Zip: ORLANDO FL 32835

Title DIRECTOR, SECRETARY  
Name MCMURTRY, GRADY  
Address 2145 METROCENTER BLVD., STE. 350

City-State-Zip: ORLANDO FL 32835

Title DIRECTOR, TREASURER  
Name HOLDSWORTH, GERALD  
Address 2145 METROCENTER BLVD., STE. 350

City-State-Zip: ORLANDO FL 32835

Title DIRECTOR, VP  
Name DORSEY, YOLANDA  
Address 2145 METROCENTER BLVD., STE. 350

City-State-Zip: ORLANDO FL 32835

**Continues on page 2**

*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:** LORI COSTANTINO-BROWN

PRESIDENT

03/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MCCLELLAND, JAMES
Address	2145 METROCENTER BLVD., STE. 350
City-State-Zip:	ORLANDO FL 32835