

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001396

Entity Name: LIFE BRIDGES ORG, INC.**Current Principal Place of Business:**2300 VIRGINIA DR. ALTAMONTE SPRING
ORLANDO, FL 32714**Current Mailing Address:**2300 VIRGINIA DR. ALTAMONTE SPRINGS
ORLANDO, FL 32714 US**FEI Number:** 20-8312486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTERO, AMARILYS G
1401 W FLAGLER ST
APT # 505
MIAMI, FL 33135 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	D
Name	ROMERO, FRANK
Address	2432 SW 128TH AVE
City-State-Zip:	MIAMI FL 33175

Title	D
Name	MONTERO, AMARILYS G
Address	1401 W FLAGLER ST APT # 505
City-State-Zip:	MIAMI FL 33135

Title	D
Name	ALVAREZ, ROGER
Address	5503 NW 184TH TERR.
City-State-Zip:	MIAMI GARDENS FL 33055

Title	D
Name	FERNANDEZ, NELSON A DR.
Address	203 SW 7TH TERRACE
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	D
Name	RIVERO, JUAN
Address	2439 HAYBROOK LANE
City-State-Zip:	CHARLOTTE NC 28262

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: FRANK ROMERO

D

01/04/2019

Electronic Signature of Signing Officer/Director Detail_____
Date