

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002898

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC8240614419**

**Entity Name:** BRIDGES ACROSS BORDERS SOUTHEAST ASIA COMMUNITY  
LEGAL EDUCATION INITIATIVE INC.

**Current Principal Place of Business:**

2331 BAYVIEW LANE  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

319 ADELPHI ST  
BROOKLYN, NY 11205 US

**FEI Number: 27-5051293**

**Certificate of Status Desired: No**

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

GERARD, SUZANNE L  
2331 BAYVIEW LANE  
NORTH MIAMI, FL 33181 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 LASKY, BRUCE  
Address 8 SOI 6, T. SUAN DOK, T. SUTHEP  
City-State-Zip: CHIANG MAI, THAILAND CM 50200

Title P  
Name MORRISH, WENDY  
Address 8 SOI 6, T. SUAN DOK, T. SUTHEP  
City-State-Zip: CHIANG MAI, THAILAND CM 50200

Title V  
Name MORLEY, KEVIN  
Address #01-18, FABER CREST, FABER HEIGHTS  
City-State-Zip: SINGAPORE SG 12919-7

Title O  
Name MARTINEZ, MANUEL  
Address 1834 NE 8TH STREET  
City-State-Zip: GAINESVILLE FL 32609

Title D  
Name YANDELL, HELEN  
Address UNIT 1 29 CHURCHILL AVE  
City-State-Zip: CHELTENHAM VIC 3092

Title D  
Name WALSH, CHRISTOPHER  
Address 1 SPEAR MEWS  
City-State-Zip: LONDON SW5-9NA

*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: BRUCE LASKY**

**DIRECTOR**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date