

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011818

Entity Name: BRIDGES OF AMERICA-COMMUNITY RE-ENTRY SERVICES, INC.**FILED**
Apr 29, 2019
Secretary of State
2398433624CC**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: 27-4286739****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****04/29/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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, SENIOR VICE PRESIDENT
Name BROWN, CHARLES
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, TREASURER
Name HOLDSWORTH, GERALD
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
Name PENNINGTON, SAM
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

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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/CEO****04/29/2019**

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