

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

DOCUMENT# N11000010741

**Entity Name:** BRIDGES CORRECTIONAL TREATMENT, INC.

**Current Principal Place of Business:**

2001 MERCY DR  
ORLANDO, FL 32808

**Current Mailing Address:**

2001 MERCY DR  
ORLANDO, FL 32808

**FEI Number: 45-3834062**

**Certificate of Status Desired: No**

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

BOYLES, WILLIAM A  
301 E PINE ST STE 1400  
ORLANDO, FL 32801 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 DIRECTOR, PRESIDENT/CEO  
Name COSTANTINO-BROWN, LORI  
Address 2001 MERCY DR  
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR  
Name BROWN, CHARLES  
Address 2001 MERCY DR  
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR, SECRETARY  
Name MCMURTRY, GRADY  
Address 2001 MERCY DR  
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR, VP  
Name DENMARK, CECILIA  
Address 2001 MERCY DR  
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR  
Name DIXON, FRED  
Address 2001 MERCY DR  
City-State-Zip: ORLANDO FL 32808

*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**

**04/29/2014**

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

\_\_\_\_\_  
Date