

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001824

Entity Name: BRIDGE BUILDERS UNITED, INC.**Current Principal Place of Business:**9390 LEM TURNER ROAD
#2
JACKSONVILLE, FL 32208**Current Mailing Address:**9390 LEM TURNER ROAD
#2
JACKSONVILLE, FL 32208 US**FEI Number:** 81-5423218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOSLEY, JEROME W DR.
16058 WILLOW BLUFF COURT
JACKSONVILLE, FL 32218 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	P
Name	MOSLEY, JEROME W DR.
Address	9390 LEM TURNER ROAD #2
City-State-Zip:	JACKSONVILLE FL 32208

Title	VP
Name	GRESHAM, ROBERT IV
Address	9390 LEM TURNER ROAD #2
City-State-Zip:	JACKSONVILLE FL 32208

Title	OFCR
Name	CAIN, ROGERS DR.
Address	9390 LEM TURNER ROAD #2
City-State-Zip:	JACKSONVILLE FL 32208

Title	OFCR
Name	GRESHAM, ROBERT SR
Address	9390 LEM TURNER ROAD #2
City-State-Zip:	JACKSONVILLE FL 32208

Title	OFCR
Name	LEGONS, JOHNNY
Address	9390 LEM TURNER ROAD #2
City-State-Zip:	JACKSONVILLE FL 32208

Title	T
Name	ROBINSON, JUSTIN
Address	9390 LEM TURNER ROAD #2
City-State-Zip:	JACKSONVILLE FL 32208

Title	S
Name	GRESHAM, PATRICIA
Address	9390 LEM TURNER ROAD #2
City-State-Zip:	JACKSONVILLE FL 32208

Title	PD
Name	MOSLEY, TARNEKIA
Address	9390 LEM TURNER ROAD #2
City-State-Zip:	JACKSONVILLE FL 32208

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: DR JEROME MOSLEY**PRESIDENT****04/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date