

2022 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:** Yes**Name and Address of Current Registered Agent:**MOSLEY, JEROME W DR.
9390 LEM TURNER ROAD
#2
JACKSONVILLE, FL 32208 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 OFCR
Name CAIN, ROGERS DR.
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 S
Name GRESHAM, PATRICIA
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 GRESHAM, ROBERT SR
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 PD
Name MOSLEY, TARNEKIA
Address 9390 LEM TURNER ROAD
#2
City-State-Zip: JACKSONVILLE FL 32208

Continues on page 2

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****02/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GEORGE, ANDREW
Address	9390 LEM TURNER ROAD #2
City-State-Zip:	JACKSONVILLE FL 32208