

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001824

**Entity Name:** BRIDGE BUILDERS UNITED, INC.

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**3528475362CC**

**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.  
3346 BOWERS LANE  
JACKSONVILLE, FL 32257 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**

**04/05/2019**

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

\_\_\_\_\_  
Date