

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007791

**FILED**  
**Apr 20, 2018**  
**Secretary of State**  
**CC8900616662**

**Entity Name:** BRIDGES INTERNATIONAL CENTERS FOR RECOVERY AND REENTRY, INC.

**Current Principal Place of Business:**

2145 METROCENTER BLVD., SUITE 350  
ORLANDO, FL 32835

**Current Mailing Address:**

2145 METROCENTER BLVD., SUITE 350  
ORLANDO, FL 32835 US

**FEI Number:** 82-2321125

**Certificate of Status Desired:** No

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

BOYLES, WILLIAM A  
301 E. PINE STREET, SUITE 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	Title	DIRECTOR, SENIOR VICE PRESIDENT
Name	COSTANTINO-BROWN, LORI	Name	BROWN, CHARLES
Address	2145 METROCENTER BLVD., SUITE 350	Address	2145 METROCENTER BLVD., SUITE 350
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835
Title	DIRECTOR, SECRETARY	Title	DIRECTOR
Name	MCMURTRY, GRADY S	Name	DENMARK, CECILIA
Address	2145 METROCENTER BLVD., SUITE 350	Address	2145 METROCENTER BLVD., SUITE 350
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835
Title	DIRECTOR	Title	DIRECTOR
Name	PENNINGTON, SAM	Name	GAINES, THOMAS
Address	2145 METROCENTER BLVD., SUITE 350	Address	2145 METROCENTER BLVD., SUITE 350
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835
Title	DIRECTOR, TREASURER	Title	DIRECTOR, VP
Name	HOLDSWORTH, GERALD	Name	DORSEY, YOLANDA
Address	2145 METROCENTER BLVD., SUITE 350	Address	2145 METROCENTER BLVD., SUITE 350
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

*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**

**04/20/2018**

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

\_\_\_\_\_  
Date