2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007791

Entity Name: BRIDGES INTERNATIONAL CENTERS FOR RECOVERY AND

REENTRY, INC.

FILED Jan 16, 2020 Secretary of State 0887336937CC

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:

COSTANTINO-BROWN, LORI 2145 METROCENTER BLVD., SUITE 350 ORLANDO, FL 32835 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: LORI COSTANTINO-BROWN 01/16/2020

> Electronic Signature of Registered Agent Date

> > City-State-Zip:

350

350

ORLANDO FL 32835

Officer/Director Detail:

City-State-Zip:

350

ORLANDO FL 32835

Title DIRECTOR, PRESIDENT/CEO Title DIRECTOR, SENIOR VICE PRESIDENT

Name COSTANTINO-BROWN, LORI Name **BROWN, CHARLES**

Address 2145 METROCENTER BLVD., SUITE 2145 METROCENTER BLVD., SUITE Address

Title DIRECTOR, SECRETARY Title DIRECTOR

DENMARK, CECILIA Name MCMURTRY, GRADY S Name

Address 2145 METROCENTER BLVD., SUITE Address 2145 METROCENTER BLVD., SUITE

City-State-Zip: ORLANDO FL 32835 City-State-Zip: ORLANDO FL 32835

Title **DIRECTOR** Title DIRECTOR, TREASURER Name GAINES, THOMAS Name HOLDSWORTH, GERALD

2145 METROCENTER BLVD., SUITE Address Address 2145 METROCENTER BLVD., SUITE

City-State-Zip: ORLANDO FL 32835 City-State-Zip: ORLANDO FL 32835

Title DIRECTOR, VP Title DIRECTOR

Name DORSEY, YOLANDA Name MCCLELLAND, JAMES

2145 METROCENTER BLVD., SUITE 2145 METROCENTER BLVD., SUITE Address Address

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.

01/16/2020 SIGNATURE: LORI COSTANTINO-BROWN PRESIDENT/CEO

Electronic Signature of Signing Officer/Director Detail

Date