

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

DOCUMENT# N18000011839

**Entity Name:** BRIDGES FEDERAL REINTEGRATION CENTERS, INC.

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**0427772085CC**

**Current Principal Place of Business:**

2145 METROCENTER BLVD.  
SUITE 350  
ORLANDO, FL 32835

**Current Mailing Address:**

2145 METROCENTER BLVD.  
SUITE 350  
ORLANDO, FL 32835

**FEI Number: 83-2338123**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name COSTANTINO-BROWN, LORI  
Address 2145 METROCENTER BLVD., SUITE 350  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name BROWN, CHARLES  
Address 2145 METROCENTER BLVD., SUITE 350  
City-State-Zip: ORLANDO FL 32835

Title S  
Name MCMURTRY, GRADY S  
Address 2145 METROCENTER BLVD., SUITE 350  
City-State-Zip: ORLANDO FL 32835

Title T  
Name HOLDSWORTH, GERALD  
Address 2145 METROCENTER BLVD., SUITE 350  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name DENMARK, CECILIA  
Address 2145 METROCENTER BLVD. SUITE 350  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name GAINES, THOMAS  
Address 2145 METROCENTER BLVD. SUITE 350  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name PENNINGTON, SAMUEL  
Address 2145 METROCENTER BLVD. SUITE 350  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name DORSEY, YOLANDA  
Address 2145 METROCENTER BLVD. SUITE 350  
City-State-Zip: ORLANDO FL 32835

**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: LORI COSTANTINO-BROWN**

**PRESIDENT**

**04/26/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MCCLELLAND, JAMES  
Address        2145 METROCENTER BLVD.  
                  SUITE 350  
City-State-Zip: ORLANDO FL 32835