

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000011839

Entity Name: BRIDGES FEDERAL REINTEGRATION CENTERS, INC.

FILED
Feb 24, 2021
Secretary of State
3333830461CC

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

Title DIRECTOR
Name MCCLELLAND, JAMES
Address 2145 METROCENTER BLVD. SUITE 350
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

02/24/2021

Electronic Signature of Signing Officer/Director Detail

Date