

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000013225

**Entity Name:** BRIGHT BRIDGE FOUNDATION, INC

**Current Principal Place of Business:**

2600 W STRONG ST  
PENSACOLA, FL 32505

**Current Mailing Address:**

2600 W STRONG ST  
PENSACOLA, FL 32505 US

**FEI Number: 87-3808831**

**Certificate of Status Desired: No**

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

NOBEL, ROBIN C  
2600 W STRONG ST  
PENSACOLA, FL 32505 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 ROBERTS, HENRY E  
Address 424 RUE DE ROCHEBLAVE  
City-State-Zip: PENSACOLA FL 32507

Title SEC  
Name SANDERS, WHITNEY EVANS  
Address 407 FRISKO RD  
City-State-Zip: PENSACOLA FL 32507

Title TREA  
Name MOSELEY, MAURICE D JR  
Address 420 E GOVERNMENT ST  
City-State-Zip: PENSACOLA FL 32502

Title DIR  
Name NOBEL, ROBIN C  
Address 2600 W STRONG ST  
City-State-Zip: PENSACOLA FL 32505

Title DIR  
Name MOSER, MIKE  
Address 9 HILLBROOK WAY  
City-State-Zip: PENSACOLA FL 32502

Title DIR  
Name PETERS, JERRY  
Address 2330 AGEAN TERRACE  
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR  
Name DAVIS, MARCEL  
Address 921 W GOVERNMENT ST  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name SHELTON, GERALD  
Address 6072 SUNNYRIDGE DR  
City-State-Zip: MILTON FL 32570

**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: MAURICE MOSELEY**

**TREASURER**

**03/05/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MARTIN, CHARLIE  
Address         62211 GREEN ACRES DR  
City-State-Zip: PENSACOLA FL 32526