2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000013225

Entity Name: BRIGHT BRIDGE FOUNDATION, INC

2600 W STRONG ST PENSACOLA. FL 32505

Current Principal Place of Business:

FILED
Mar 19, 2024
Secretary of State
6452071541CC

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:

NOBLE, 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: ROBIN NOBLE 03/19/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name LABRANCHE, MARK REV. DR. Name ROBINSON, MYKEL

Address 215 PERRY AVE Address 6024 KASSANDRA LANE

City-State-Zip: PENSACOLA FL 32503 City-State-Zip: GULF BREEZE FL 32563

Title TREASURER Title OFFICER

NameCOOK, GEOFFNameNOBLE, ROBIN CAddress3531 FIRESTONE BLVDAddress2600 W STRONG STCity-State-Zip:PENSACOLA FL 32503City-State-Zip:PENSACOLA FL 32505

Title OFFICER Title OFFICER

Name MOSER, MIKE Name PETERS, JERRY

Address 9 HILLBROOK WAY Address 2330 AEGEAN TERRACE

City-State-Zip: PENSACOLA FL 32502 City-State-Zip: PENSACOLA FL 32507

Title VP Title OFFICER

NameDAVIS, MARCELNameSHELTON, GERALDAddress920 W GOVERNMENT STAddress6072 SUNNYRIDGE DRCity-State-Zip:PENSACOLA FL 32502City-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: GEOFF COOK TREASURER 03/19/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title OFFICER Title OFFICER

Name BROWN, ASHLEE REV. Name TOM, SHARRON DR.

Address 75 FAIRPOINT AVE. Address PO BOX 973

City-State-Zip: GULF BREEZE FL 32561 City-State-Zip: GULF BREEZE FL 32562