

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722971

FILED
Mar 26, 2004
Secretary of State**Entity Name:** THE BRIDGE OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**1824 PEARL STREET
JACKSONVILLE, FL 32206 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 43126
JACKSONVILLE, FL 322030126**New Mailing Address:****FEI Number:** 59-1406016**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PARRISH, DAVALU
1824 PEARL STREET
JACKSONVILLE, FL 32206 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LEMEL, PAGE
Address: 4145 LAKESIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD () Delete
Name: HALL, SAMUEL
Address: P.O BOX 28171 N/A
City-St-Zip: JACKSONVILLE, FL

Title: PED () Delete
Name: POINDEXTER, CAROLE
Address: PO BOX 2954
City-St-Zip: JACKSONVILLE, FL 322032954

Title: ED () Delete
Name: PARRISH, DAVALU,
Address: 1824 PEARL ST
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: BAREFOOT, BRUCE
Address: PO BOX 2340
City-St-Zip: JACKSONVILLE, FL 322032340

Title: D () Delete
Name: GREEN, MARK
Address: PO BOX 1860
City-St-Zip: JACKSONVILLE, FL 32201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: TAYLOR, HOWARD
Address: 1776 AMERICAN HERITAGE LIFE
City-St-Zip: JACKSONVILLE, FL 32224

Title: CD (X) Change () Addition
Name: HALL, SAMUEL
Address: P.O BOX 28171 N/A
City-St-Zip: JACKSONVILLE, FL

Title: CED (X) Change () Addition
Name: POINDEXTER, CAROLE
Address: PO BOX 2954
City-St-Zip: JACKSONVILLE, FL 322032954

Title: PD (X) Change () Addition
Name: PARRISH, DAVALU,
Address: 1824 PEARL ST
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVALU PARRISH

PD

03/26/2004

Electronic Signature of Signing Officer or Director

Date