

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722971

FILED  
Jan 06, 2006  
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:**

1824 PEARL STREET  
2ND FLOOR  
JACKSONVILLE, FL 32206 US

**Current Mailing Address:**

P. O. BOX 43126  
JACKSONVILLE, FL 322033126 US

**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:**

PARRISH, DAVALU  
1824 PEARL STREET  
2ND FLOOR  
JACKSONVILLE, FL 32206 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:

01/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VD ( ) Delete  
Name: LOMAX, LEE  
Address: 10063 HEATHER LAKE CT, W.  
City-St-Zip: JACKSONVILLE, FL 32256

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

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

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

Title: SD ( ) Delete  
Name: MAY, MELTONIA  
Address: 4255 E. CAMELLIA CR.  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 Chapter 119, 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

01/06/2006

Electronic Signature of Signing Officer or Director

Date