

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722971

FILED
Feb 14, 2007
Secretary of State

Entity Name: THE BRIDGE OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1824 PEARL STREET
2ND FLOOR
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

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
2ND FLOOR
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: 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: TD (X) Change () Addition
Name: WALTON, TERRY
Address: 1819 CHALLEN AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: VD (X) Change () Addition
Name: SCHANZE, THOMAS
Address: 411 PABLO AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

Title: CD (X) Change () Addition
Name: BAREFOOT, BRUCE
Address: PO BOX 2340
City-St-Zip: JACKSONVILLE, FL 322032340

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

02/14/2007

Electronic Signature of Signing Officer or Director

Date