

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90073 022 \*\*\*\*70.00

**DOCUMENT # 722971**

1. Entity Name

**THE BRIDGE OF NORTHEAST FLORIDA, INC.**



Principal Place of Business

**1824 PEARL STREET  
JACKSONVILLE FL 32206  
US**

Mailing Address

**P. O. BOX 43126  
JACKSONVILLE FL 32203-0126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1406016**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARRISH, DAVALU  
1824 PEARL STREET  
JACKSONVILLE FL 32206**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**NO CHANGE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LEME, PAGE 4145 LAKESIDE DRIVE JACKSONVILLE FL 32210</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PED HALL, SAMUEL P.O BOX 28171 N/A JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD POINDEXTER, CAROLE PO BOX 2954 JACKSONVILLE FL 32203-2954</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED PARRISH, DAVALU 1824 PEARL ST JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BAREFOOT, BRUCE PO BOX 2340 JACKSONVILLE FL 32203-2340</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GREEN, MARK PO BOX 1860 JACKSONVILLE FL 32201</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**2/5/03**

CR2E037 (10/02)

*Attachment Doc. # 722971*

**THE BRIDGE OF NORTHEAST FLORIDA, INC. 2002/2003 BOARD OF DIRECTORS**

#72297159-1406016

90022979

<b>Barney Spann</b> (3) 154 W. 6th Street Jacksonville, FL 32206	<b>Judy Law</b> (2) 7777 Deerwood Point Court Jacksonville, FL 32256	<b>Noah Henderson</b> (9) 6235 Nancy Dr. City 32244
<b>Doris N. Carson, MD</b> (21) 4401 Lakeside Dr. Jacksonville, FL 32210	<b>Rufus Carr</b> (3) Rufus Carr Florist 1831 N. Myrtle Ave. Jacksonville, FL 32209	<b>James W. Cheek, MD</b> (6) 2121 Park St. Jacksonville, FL 32204
<b>Lee Lomax</b> 10063 Heather Lake Court, W. Jacksonville, FL 32256	<b>Carol Thompson</b> (18) Executive VP Baptist Health 800 Prudential Dr. Jacksonville, FL 32207	<b>Howard Taylor</b> (7) VP Credit Operations American Heritage Life 1776 American Heritage Life Jacksonville, FL 32224
<b>Carol J. Alexander</b> Ritz Theatre & LaVilla Museum 829 Davis Street Jacksonville, FL 32202	<b>Pete Jackson, Pastor</b> (1) Westside Church of Christ 23 W. 8 <sup>th</sup> St. Jacksonville, FL 32206	<b>Fred Short, Esq.</b> (11) Century City Ex. Complex 3733 University Blvd W, Suite 203 Jacksonville, FL 32217
<b>Meltonia May</b> 4255 E. Camellia Cr. Jacksonville, FL 32207	<b>Hon. Elaine Brown</b> (1) 117 W. Duval Street, Suite 425 Jacksonville, FL 32202	<b>Charles B. McIntosh, MD</b> (9) 3160 W. Edgewood Ave. Jacksonville, FL 32209
<b>Rita Reagan</b> (5) 55 West 9th Street Jacksonville, FL 32206	<b>Mary Burt</b> (1) 3540 Sunnyside Dr. Jacksonville, FL 32207	
<b>OFFICERS:</b> Sam Hall, President Carole Poindexter, President Elect Page Lemel, VP & Treasurer Bruce Barefoot, Secretary Howard Taylor, Assistant Treasurer Fred Short, Parliamentarian Mark Green, Past President Doris Carson, MD, Honorary VP Carole Thompson, Chair, Governance & Structure		