

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02560

FILED
Mar 23, 2009
Secretary of State

Entity Name: BRIDGE-THE-GAP INCORPORATED

Current Principal Place of Business:

561 WEST 25TH ST.
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41144
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-2698951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANE, YVONNE M
9661 WATERLOO PLACE
JACKSONVILLE, FL 32221 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: CEO () Delete
Name: JACKSON, JOHN H
Address: 1141 W. 12TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: C () Delete
Name: JAMES, VERONICA
Address: PO BOX 350913
City-St-Zip: JACKSONVILLE, FL 32235

Title: D () Delete
Name: HALL, STEVE
Address: 3674 SAN VISCAYA DR.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: COLBERT, DAPHNE
Address: 8187 TRAFALGAR SQ
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: MOORE, LEWIS
Address: 3139 CLYDE DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: GILFORD, JOHNNIE
Address: 7419 DARWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32211

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:

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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 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: VERONICA JAMES

C

03/23/2009

Electronic Signature of Signing Officer or Director

Date