


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000821	
1. Entity Name THE BRIDGE COMMUNITY CHURCH, INC.	

Principal Place of Business 2525 30 AVE NORTH ST PETERSBURG, FL 33713	Mailing Address P.O. BOX 48814 ST PETERSBURG, FL 33713
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03042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYERS, JOHN 6040 9TH AVE NORTH ST PETERSBURG, FL 33710
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1100001465583
03/22/06-00035-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKEY, VANCE PO BOX 60754 ST PETERSBURG, FL 33784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPTON, JUDY 5128 12TH AVE N. ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORHOUSE, JAMES 675 63RD ST S. ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, JOHN 6040 9TH AVE NORTH ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Vance Perkey **VANCE PERKEY, Administrator** 3/5/06 580-2356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #