## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000821

Apr 02, 2009 Secretary of State

Entity Name: THE BRIDGE COMMUNITY CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 635 64TH STREET SOUTH ST PETERSBURG, FL 33707 **Current Mailing Address: New Mailing Address:** P.O. BOX 61312 ST PETERSBURG, FL 337841312 FEI Number: 54-2095848 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MYERS, JOHN 6040 9TH AVE NORTH ST PETERSBURG, FL 33710 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition PERKEY, VANCE Name: Name: PO BOX 60754 Address: Address: City-St-Zip: ST PETERSBURG, FL 33784 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: ALBANESE, SANDY Name: ALBANESE, SANDY Address: 4490 33RD AVE NORTH Address: 4490 33RD AVE NORTH City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713 Title: () Delete Title: (X) Change ( ) Addition BARBOUR, JAMES RUPE, LINDA Name: Name: Address: 2632 45 M WAY N. Address: 2560 62ND AVENUE N #316 City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33702 Title: D Title: () Change () Addition ( ) Delete MYERS, JOHN Name: Name: Address: 6040 9TH AVE NORTH Address: City-St-Zip: ST PETERSBURG, FL 33710 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: VANCE PERKEY D 04/02/2009