2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004251

Entity Name: BRIDGES OF HUMANITY, INC.

CATOGGIO, CHRISTINE

BOCA RATON, FL 33498

WIESENFELD, JACKIE

3720 S.OCEAN BLVD #202

HIGHLAND BEACH, FL 33487

() Delete

10437 BOW CT

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

FILED Aug 03, 2005 Secretary of State

Entity Name. BRIDGES OF HUMANITY, INC.			
Current Principal Place of Business:		New Principal Place of Business:	
2121 N OCEAN BLVD #603-E BOCA RATON, FL 33431		P.O. BOX 810775 BOCA RATON, FL 33481	
Current Mailing Address:		New Mailing Address:	
P.O. BOX 81 BOCA RATO	10775 DN, FL 33481		
	.7-1466957 FEI Number Applied For() FEI Num with s. 607.193(2)(b), F.S., the corporation did not receive t Address of Current Registered Agent:	nber Not Applicable() Certificate of Status Desired() he prior notice. Name and Address of New Registered Agent:	
BLOCH, STUART E 980 N FEDERAL HWY STE 412 BOCA RATON, FL 33432 US		MIRRIONE, JOSEPH A P.O. BOX 810775 BOCA RATON, FL 33481	US
The above notin the State of	amed entity submits this statement for the purpose o of Florida.	f changing its registered of	fice or registered agent, or both,
SIGNATURE: JOSEPH A MIRRIONE			08/03/2005
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: I Address: I	PRES () Delete MIRRIONE, JOSEPH A P.O. BOX 810775 BOCA RATON, FL 33481	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: I	D () Delete	Title: ()	Change () Addition

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH A MIRRIONE PRES 08/03/2005

() Change () Addition