

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000009649

1. Entity Name
BRIDGEBUILDERS OF WINTER PARK, INC.



Principal Place of Business
**691 SYMOND AVE.
WINTER PARK, FL 32789**

Mailing Address
**691 SYMOND AVE.
WINTER PARK, FL 32789**

2. Principal Place of Business
650 Northwood Circle
Suite, Apt. #, etc.

3. Mailing Address
650 Northwood Circle
Suite, Apt. #, etc.

City & State
Winter Park, Florida
Zip **32789** Country **USA**

City & State
Winter Park, Florida
Zip **32789** Country **USA**

6. Name and Address of Current Registered Agent
**FITZGERALD, JESSE
691 SYMOND AVE.
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent
Name **Janie Baker**
Street Address (P.O. Box Number is Not Acceptable)
650 Northwood Circle
City **Winter Park** FL Zip Code **32789**

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 *Janie Baker* (NOTE: Registered Agent signature required when reinstating)

300042609178
11/09/04--01086--004 **\$61.25
10/28/04

**FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Co-Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Janie Baker 650 Northwood Circle Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Co-Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary Randall 10011 Kentucky Avenue Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Co-membership sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karen Weinberg 250 Carolina Avenue #303B Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Co-membership sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Annie Ray 761 Northwood Circle Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Beverly Dixon 431SS. Pennsylvania Ave. Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wilbert Hammond 430 Carolina Avenue Winter Park, FL 32789

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: *Janie Baker* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/04 DAY-645-2180 DAY DAYTIME PHONE #

FILED
04 NOV -9 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10152004 REIN-NP CR2E099 (6/04)

4. FEI Number ☐ Applied For ☒ Not Applicable

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