

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000005482**

1. Entity Name

THE BRIDGE FOUNDATION, INC.



Principal Place of Business

2205 CLARCONA RD.  
APOPKA, FL 32703

Mailing Address

2205 CLARCONA RD.  
APOPKA, FL 32703



02272006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1632907

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAFIER, BEVERLY  
2205 CLARCONA RD.  
APOPKA, FL 32703

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SAFIER, BEVERLY  
STREET ADDRESS 2205 CLARCONA RD.  
CITY-ST-ZIP APOPKA, FL 32703

TITLE VD  
NAME DURRE, LINNDA  
STREET ADDRESS 127 W. FAIRBANKS AVE.  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE SD  
NAME MILLINER, SANDRA  
STREET ADDRESS 4562 N.E. 32 ROAD  
CITY-ST-ZIP WILDWOOD, FL 34785

TITLE TD  
NAME AMBURGEY, JILLIAN  
STREET ADDRESS 229 ALMA STREET  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000515242  
04/29/06-80197-003 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #