2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007
Secretary of State

DOCUMENT# N04000005482

Entity Name: THE BRIDGE FOUNDATION, INC.

Current Principal Place of Business:

2205 CLARCONA RD.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2205 CLARCONA RD.
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-1632907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAFIER, BEVERLY
2205 CLARCONA RD.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: SAFIER, BEVERLY
Address: 2205 CLARCONA RD.
City-St-Zip: APOPKA, FL 32703

Title: VD ( ) Delete
Name: DURRE, LINNDA
Address: 127 W. FAIRBANKS AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: SD ( ) Delete
Name: MILLINER, SANDRA
Address: 4562 N.E. 32 ROAD
City-St-Zip: WILDWOOD, FL 34785

Title: TD ( ) Delete
Name: AMBURGEY, JILLIAN
Address: 229 ALMA STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: BEVERLY SAFIER PD 05/23/2007

Electronic Signature of Signing Officer or Director — Date