2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005907

Entity Name: BRIDGES OF LIGHT FOUNDATION, INC.

FILED Apr 30, 2009 Secretary of State

7782 WEST SAND LAKE ROAD 47E ROBINSON ST ORLANDO, FL 32819

207

ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

7782 WEST SAND LAKE ROAD ORLANDO, FL 32819

FEI Number: 34-2000924 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:

KARATZAS, STACEY L PAPP, STACEY L 7782 WEST SAND LAKE ROAD 7782 WEST SAND LAKE ROAD

ORLANDO, FL 32819 ORLANDO, FL 32819

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: STACEY L. PAPP 04/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KARATZAS, STACEY L PAPP, STACEY L Name: Name:

7782 WEST SAND LAKE ROAD Address: 7782 WEST SAND LAKE ROAD Address:

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

Title: () Delete Title: () Change () Addition

DELORENZO, LORA Name: Name: Address: 1580 GROVE TERRACE Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip:

Title: () Delete Title: () Change () Addition

CRAMPTON, SUE Name: Name: 10644 WOODCHASE CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip:

Title: () Delete Title: DM () Change (X) Addition

Name: Name: JAMIE, O'DONNELL Address: Address: 8515 SAN MARINO BLVD City-St-Zip: City-St-Zip: ORLANDO, FL 32836

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: STACEY L. PAPP D 04/30/2009