

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009238

FILED
Mar 28, 2005
Secretary of State

Entity Name: BRIDGING THE GAPS, INCORPORATED

Current Principal Place of Business:

600 DECATUR AVE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

600 DECATUR AVE
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 20-1512327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, LACHAN
600 DECATUR AVE
BROOKSVILLE, FL 34601 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: P () Delete
Name: KNOWLES, LACHAN
Address: 600 DECATUR AVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: V () Delete
Name: MITCHELL, NANCY
Address: 10423 OAK BROOK DR
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: BROWN, KAREN
Address: 10802 W HILLSBOROUGH APT 304
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: THOMAS, CHARLIE
Address: 5507 N SEMINOLE AVE
City-St-Zip: TAMPA, FL 33604

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 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: LACHAN KNOWLES

P

03/28/2005

Electronic Signature of Signing Officer or Director

Date