

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009238

FILED  
Apr 17, 2006  
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 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: LA CHAN KNOWLES

P

04/17/2006

Electronic Signature of Signing Officer or Director

Date