

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009238

FILED
Apr 28, 2009
Secretary of State

Entity Name: BRIDGING THE GAPS, INCORPORATED

Current Principal Place of Business:

3837 NORTHDAL BLVD
SUITE 228
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

3837 NORTHDAL BLVD
SUITE 228
TAMPA, FL 33624

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 R P
3412 JAMAIS WOOD WAY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

KNOWLES, LACHAN R P
3837 NORTHDAL BLVD SUITE 228
TAMPA, FL 33624 US

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: LACHAN R KNOWLES

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KNOWLES, LACHAN
Address: 3412 JAMAIS WOOD WAY
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: HARRISON, TINA
Address: 1104 WEBB DR
City-St-Zip: CLEARWATER, FL 33755

Title: S () Delete
Name: BROWN, KAREN
Address: 10702 PRESERVE LAKE DR, APT 109
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: KNOWLES, LACHAN R
Address: 3837 NORTHDAL BLVD SUITE 228
City-St-Zip: TAMPA, FL 33624

Title: V (X) Change () Addition
Name: KNOWLES, LACHAN R VP
Address: 3837 NORTHDAL BLVD SUITE 228
City-St-Zip: TAMPA, FL 33624

Title: S (X) Change () Addition
Name: BROWN, KAREN
Address: 693 SOUTH POINT DR
City-St-Zip: LEXINGTON, KY 40515

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: LACHAN R KNOWLES

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date