

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009238

FILED  
Apr 28, 2010  
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  
3837 NORTHDAL BLVD SUITE 228  
TAMPA, FL 33624 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: PT  
Name: KNOWLES, LACHAN R  
Address: 3837 NORTHDAL BLVD SUITE 228  
City-St-Zip: TAMPA, FL 33624

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

Title: S  
Name: BROWN, KAREN  
Address: 693 SOUTH POINT DR  
City-St-Zip: LEXINGTON, KY 40515

I hereby 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 all other like empowered.

SIGNATURE: LACHAN R KNOWLES

P

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date