2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90029 009 ****61.25

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01252008 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000012062

1. Entity Name
BRIDGES OF AMERICA-THE BROWARD COUNTY BRIDGE, INC.

Principal Place of Business	Mailing Address
2011 MERCY DR #101 ORLANDO, FL 32808-5629	2011 MERCY DR #101 ORLANDO, FL 32808-5629

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2062423 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOWMAN, WILLIAM R JR 1000 LEGION PLACE SUITE 1700 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWN, CHARLES	NAME	
STREET ADDRESS	5519 BAY SIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWN, DONALD S	NAME	
STREET ADDRESS	6325 WHIP-O-WILL LANE	STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD, FL 34771	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COSTANTINO-BROWN, LORI	NAME	
STREET ADDRESS	5519 BAY SIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MADOUSE, PATTRICIA	NAME	
STREET ADDRESS	8085 N. CADIZ COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCMURTY, GRADY S	NAME	
STREET ADDRESS	4698 HALL ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32817	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: POstant 4/21/08 407 291-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #