

FILED
Apr 22, 2008 8:00 am
Secretary of State

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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.




4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves comparing the actual outcomes with the original objectives and goals to determine the effectiveness of the project.

01252008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2062423	Applied For
	Not Applicable

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

DOCUMENT # N04000012062						04-22-2008 90029 009 ***61.25	
1. Entity Name BRIDGES OF AMERICA-THE BROWARD COUNTY BRIDGE, INC.							
Principal Place of Business 2011 MERCY DR #101 ORLANDO, FL 32808-5629			Mailing Address 2011 MERCY DR #101 ORLANDO, FL 32808-5629			90077056	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252008 Chg-NP CR2E037 (12/06)	
City & State			City & State			4. FEI Number 20-2062423	
Zip		Country	Zip		Country	Applied For Not Applicable	
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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, CHARLES			NAME			
STREET ADDRESS	5519 BAY SIDE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819			CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADOUSE, PATTRICIA			NAME			
STREET ADDRESS	8085 N. CADIZ COURT			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32836			CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCMURTY, GRADY S			NAME			
STREET ADDRESS	4698 HALL ROAD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32817			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: 				4/21/08 407 291-1500			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			