## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002799

FILED Apr 28, 2006 Secretary of State

Entity Name: BRIDGE FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:				New Pr	New Principal Place of Business:		
	JILINE ROAI VILLE, FL 32		US				
Current Mailing Address:					New Mailing Address:		
	JILINE ROAI VILLE, FL 32		US				
El Number:	20-2627154	FEI	Number Applied For()	FEI Number Not A	Applicable ( ) Certificate of Status Desired ( )		
lame and	Address of	Curren	t Registered Agent:	Name a	and Address of New Registered Agent:		
JACKSON\	JÍLINE ROAD VILLE, FL 32	2224	US ts this statement for the p	ourpose of changir	ng its registered office or registered agent, or both,		
	of Florida.		·				
SIGNATUR		nio Cia	noture of Degistered Age	ant .	Data		
		_	nature of Registered Age		Date  IONS/CHANGES TO OFFICERS AND DIRECTOR		
OFFICERS itle: lame: kddress:	Electro	CTORS  ) Delete  DUANE INE ROA	D		IONS/CHANGES TO OFFICERS AND DIRECTO		
DFFICERS ittle: lame: .ddress: city-St-Zip: ittle: lame: .ddress:	Electron Ele	CTORS  ) Delete  DUANE INE ROA	D 2224 US	ADDITI Title: Name: Address:	IONS/CHANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  (ip:  T		
DFFICERS itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	Electron Ele	CTORS  ) Delete  DUANE INE ROA LE, FL 3	D 2224 US	ADDITI Title: Name: Address: City-St-Zi Title: Name: Address:	IONS/CHANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  (ip:  T ( ) Change (X) Addition ERICKSON, MELONIE P TRES 13474 AQUILINE RD (ip: JACKSONVILLE, FL 32224 US  D ( ) Change (X) Addition BARTEL, BLAINE DIRECTO 168 SPUNKYCREEK DR		
	Electronic	Delete DUANE INE ROA LE, FL 3	D 2224 US	ADDITI Title: Name: Address: City-St-Zi Title: Name: Address: City-St-Zi Title: Name: Address: Address:	IONS/CHANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  (ip:  T		

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: DUANE ERICKSON	Р	04/28/2006
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