

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002799

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE BRIDGE FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

13474 AQUILINE ROAD
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

85031 LANDOVER DRIVE
YULEE, FL 32097 US

Current Mailing Address:

13474 AQUILINE ROAD
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 20-2627154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ERICKSON, DUANE
13474 AQUILINE ROAD
JACKSONVILLE, FL 32224 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: P () Delete
Name: ERICKSON, DUANE
Address: 13474 AQUILINE ROAD
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: T () Delete
Name: ERICKSON, MELONIE P TRES
Address: 13474 AQUILINE RD
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D () Delete
Name: BARTEL, BLAINE DIRECTO
Address: 168 SPUNKYCREEK DR
City-St-Zip: CATOSSA,, OK 74015 US

Title: D () Delete
Name: ZINK, PAUL DIR
Address: 2701 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D () Delete
Name: NELSON, RUSTY DIR
Address: 4420 UNIVERSITY DR
City-St-Zip: HUNTSVILLE, AL 35749 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DUANE ERICKSON

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date