

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006671

FILED
Apr 28, 2009
Secretary of State

Entity Name: BRIDGING THE GAP ORGANIZATION INC.

Current Principal Place of Business:

14701 NW 17TH DRIVE
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

14701 NW 17TH DRIVE
MIAMI, FL 33167 US

New Mailing Address:

FEI Number: 30-0406509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGLETON, SHERONNE Y
14701 NW 17TH DRIVE
MIAMI, FL 33167 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: PRES () Delete
Name: SINGLETON, FELTON D
Address: 14701 NW 17TH DRIVE
City-St-Zip: MIAMI, FL 33167

Title: EVP () Delete
Name: SINGLETON, SHERONNE Y
Address: 14701 NW 17TH DRIVE
City-St-Zip: MIAMI, FL 33167

Title: TRUS () Delete
Name: WRIGHT-BURKS, FELICIA
Address: 2290 NW 51ST STREET
City-St-Zip: MIAMI, FL 33142

Title: TRUS () Delete
Name: MACKEY, TYRONE
Address: 1038 NW 38TH STREET
City-St-Zip: MIAMI, FL 33127

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: OFFI (X) Change () Addition
Name: OSMOND, BENJAMIN
Address: 1345 NW 112TH STREET
City-St-Zip: MIAMI, FL 33168 US

Title: OFFI (X) Change () Addition
Name: WILLIAMS, ETHEL E
Address: 15600 NW 7TH AVE. APT. 510
City-St-Zip: MIAMI, FL 33169

Title: OFFI () Change (X) Addition
Name: ROUSE, BRODERICK
Address: 2841 SW 84TH TERR.
City-St-Zip: MIRAMAR, FL 33025 US

Title: OFFI () Change (X) Addition
Name: WRIGHT-BURKS, FELICIA
Address: 2290 NW 51ST STREET
City-St-Zip: MIAMI, FL 33142 US

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: SHERONNE SINGLETON

EXVP

04/28/2009

Electronic Signature of Signing Officer or Director

Date