

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006782

FILED
Jan 29, 2009
Secretary of State

Entity Name: BRIDGE CHRISTIAN FELLOWSHIP ORLANDO, INC.

Current Principal Place of Business:

1681 EE WILLIAMSON
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 520026
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 16-1727811 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BART MALONE
1681 EE WILLIAMSON
LONGWOOD, FL 32779 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: PD () Delete
Name: MALONE, BART A
Address: 1681 EE WILLIAMSON
City-St-Zip: LONGWOOD, FL 32779 US

Title: VD () Delete
Name: MALONE, KIMBERLEY S
Address: 1681 EE WILLIAMSON
City-St-Zip: LONGWOOD, FL 32779 US

Title: STD () Delete
Name: DOVE, BARRY W
Address: 1681 EE WILLIAMSON
City-St-Zip: LONGWOOD, FL 32779 US

Title: DR () Delete
Name: DOVE, BARRY W
Address: 1681 EE WILLIAMSON
City-St-Zip: LONGWOOD, FL 32779 US

Title: DR () Delete
Name: BCFO,
Address: 1681 EE WILLIAMSON
City-St-Zip: LONGWOOD, FL 32779 US

Title: DR () Delete
Name: BCFO,
Address: 1681 EE WILLIAMSON
City-St-Zip: LONGWOOD, FL 32779 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
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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: BART MALONE

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date