


FILED
Mar 02, 2006 8:00 am
Secretary of State

02-15-2006 90033 016 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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66003304

DOCUMENT # N05000008682			
1. Entity Name BRIDGES OF AMERICA-THE DINSMORE BRIDGE, INC.			
Principal Place of Business 2011 MERCY DR ORLANDO, FL 32808-5629		Mailing Address 2011 MERCY DR ORLANDO, FL 32808-5629	
2. Principal Place of Business 2001 Mercy Drive Suite, Apt. #, etc. Suite 101 City & State Orlando, FL Zip 32808 Country US		3. Mailing Address 2001 Mercy Drive Suite, Apt. #, etc. Suite 101 City & State Orlando, FL Zip 32808 Country US	
01032006 Chg-NP		CR2E037 (11/05)	
4. FEI Number 203378532		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR 1000 LEGION PLACE STE 1700 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, FRANK 2011 MERCY DR ORLANDO, FL 328085629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Costantino, Bishop Frank <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 mercy Drive, Suite 101 Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POIT RASTANTINO, EDWARD W 27 LAKE HAMILTON BEACH HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Poitras, Edward W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27 Lake Hamilton Beach Haines City, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURTRY, GRADY 4698 HALL RD ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Madouse, Patricia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2001 mercy DR Suite 101 Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DONALD 625 WHIP-O-WILL LN ST CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2001 mercy Drive Suite 101 Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, BEN P O BOX 279 BRYSON CITY, NC 28713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO-BROWN, LORI 2011 MERCY DR ORLANDO, FL 328085629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Costantino-Brown, LORI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 mercy Drive, Suite 101 Orlando, FL 32808
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 report 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 another like empowered.			
SIGNATURE: <u>Lori Costantino</u>		2/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT
BRIDGES OF

66003304
#N05 000008682

BISHOP FRANK COSTANTINO
PRESIDENT



"A Wholistic Twelve Step Treatment Program"

February 13, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find our 2006 Not-for-Profit Corporation Annual Reports. Last year we made changes that were not reflected on these reports.

Please insure that all changes are made accordingly.

Thank you.

Marver Quevedo

Controller



2001 Mercy Drive, Orlando, Florida 32808
Phone: (407) 291-1500 Fax: (407) 292-1182





ATTACHMENT
66003304

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

BRIDGES OF AMERICA-THE DINSMORE BRIDGE, INC.
2001 MERCY DR
STE 101
ORLANDO, FL 32808

Subject: **BRIDGES OF AMERICA-THE DINSMORE BRIDGE, INC.**

Reference Number: **N05000008682**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION