

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000008682**

1. Entity Name  
**BRIDGES OF AMERICA-THE DINSMORE BRIDGE, INC.**



Principal Place of Business  
**2001 MERCY DR, #101  
ORLANDO, FL 32808-5629**

Mailing Address  
**2001 MERCY DR, #101  
ORLANDO, FL 32808-5629**



03212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3378532**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LOWMAN, WILLIAM R JR  
SHUFFIELD, LOWMAN & WILSON, P.A.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BROWN, CHARLES<br>5519 BAY SIDE DR<br>ORLANDO, FL 32819              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>BROWN, DONALD S<br>6325 WHIP-O-WILL LANE<br>ST CLOUD, FL 34771      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>CONSTANTINO-BROWN, LORI<br>5519 BAY SIDE DRIVE<br>ORLANDO, FL 32819 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MADOUSE, PATTRICIA<br>8085 N CADIZ CT<br>ORLANDO, FL 32836           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DS<br>MCMURTRY, GRADY S<br>4698 HALL RD<br>ORLANDO, FL 32817              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

UD0000637669  
04/10/07-80049-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lori Constantino*  
3/29/07

Date

Daytime Phone # \_\_\_\_\_