

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010450

FILED
Jan 05, 2007
Secretary of State

Entity Name: BRIDGE BUILDERS INTERNATIONAL MINISTRIES, INC

Current Principal Place of Business:

3405 SARA DR.
JACKSONVILLE, FL 32277

New Principal Place of Business:

5454 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Current Mailing Address:

3405 SARA DR.
JACKSONVILLE, FL 32277

New Mailing Address:

PO BOX 8958
JACKSONVILLE, FL 32239

FEI Number: 20-3617543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, CHARLIE
3405 SARA DR.
JACKSONVILLE, FL 32277 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: D () Delete
Name: CAMPBELL, CHARLIE
Address: 3405 SARA DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: CAMPBELL, MARISSA
Address: 3405 SARA DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: ATKINSON, ROBERT
Address: 2697 OLGA PLACE
City-St-Zip: JACKSONVILLE, FL 32205

Title: S/T () Delete
Name: ATKINSON, JOANNE
Address: 2967 OLGA PLACE
City-St-Zip: JACKSONVILLE, FL 32205

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLIE CAMPBELL

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date