2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 21, 2008
Secretary of State

DOCUMENT# N06000000336

Entity Name: BRIDGING THE GAP SOBERLIVING HOUSE INC

Current Principal Place of Business:

5010 PEMBROKE RD.
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5010 PEMBROKE RD.
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-4098814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUMES, KEITH
5724 SW 19TH ST
HOLLYWOOD, FL 33023 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:	P	( ) Delete
Name:	HUMES, KEITH	
Address:	5724 SW 19TH STREET	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	VP	( ) Delete
Name:	HADLEY-HUMES, MARGURRETTA	
Address:	1604 NE 18TH ST	
City-St-Zip:	FT LAUDERDALE, FL 33023	
Title:	S	( ) Delete
Name:	BRENNAN, BYRON	
Address:	4641 SW 19TH ST	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	T	( ) Delete
Name:	ALTINA, BUDURA	
Address:	4641 SW 19TH ST	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	AT	( ) Delete
Name:	STRACHAN, NICOLA	
Address:	1701 NW 51 ST	
City-St-Zip:	LAUDERHILL, FL 33023	
Title:	D	(X) Delete
Name:	KING, TAMIKA G	
Address:	1604 NE 18TH ST.	
City-St-Zip:	FT. LAUDERDALE, FL 33023	

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:	
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: KEITH HUMES P 05/21/2008

Electronic Signature of Signing Officer or Director — Date