

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# N06000006811

Entity Name: BRIDGE OF HUMAN FOUNDATION, INC.

Current Principal Place of Business:

1395-0002 CASSAT AVENUE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

1395-0002 CASSAT AVENUE
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAPA, FELICITO E
7579 WALDEN ROAD
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

MOONSTARSUN ROGER
7579 WALDEN ROAD
JACKSONVILLE, FL 32244 US

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: MOONSTARSUN ROGER

02/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGER, MOONSTARSUN E
Address: 4205 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33603 US

Title: VP () Delete
Name: DEPANO, CARLOS
Address: 642 WAKEVIEW DRIVE
City-St-Zip: ORANGE PARK, FL 32065 US

Title: T () Delete
Name: PAPA, FELICITO E
Address: 7579 WALDEN ROAD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: S () Delete
Name: DESPINOS, MARJORIE
Address: 8979 SHINDLER CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: PC (X) Delete
Name: CACANINDIN, ALFREDO
Address: 719 CALVERT LANE
City-St-Zip: FORT WASHINGTON, MD 20744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROGER, MOONSTARSUN E
Address: 3409 W 14 STREET
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP (X) Change () Addition
Name: NOEL, ERONIE
Address: 3409 W 14 STREET
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: T (X) Change () Addition
Name: NELFRARD, ASNALD
Address: 2800 BROADWAY
City-St-Zip: FORT MYERS, FL 33901 US

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: MOONSTARSUN ROGER

P

02/12/2008

Electronic Signature of Signing Officer or Director

Date