4/21/2008-90072-033-$61.25-$61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 MAY 19 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000000669

1. Entity Name
BRITE BRIDGES I, INC.

Principal Place of Business	Mailing Address
4405 WHISPERING PINES LANE FORT PIERCE, FL 34982	4405 WHISPERING PINES LANE FORT PIERCE, FL 34982

01092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip 32967	Country Indian River

4. FEI Number

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

6. Name and Address of Current Registered Agent

O'HEARN, JAMES J
2466 NE 17TH COURT
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 DAMPIER, ROSALYN 4405 WHISPERING PINES LANE FORT PIERCE, FL 34982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wilson, Rosalyn 8735 105th Avenue Vero Beach, FL 32967	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RODERICK 1124 HEMLOCK CIRCLE FORT PIERCE, FL 34947	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN, JAMES 2197 SE FERN PARK DRIVE PORT ST LUCIE, FL 34952	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLAK, CINDY 1362 SW HERALD RD PORT ST LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James J. O'Hearn 2466 NE 17th Court Jensen Beach, FL 34957	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/21	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________________ 04-15-08 (772) 713-1529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rosalyn Wilson, Director