

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000669

FILED
Apr 25, 2009
Secretary of State

Entity Name: BRITE BRIDGES I, INC.

Current Principal Place of Business:

4405 WHISPERING PINES LANE
FORT PIERCE, FL 32967

New Principal Place of Business:

8735 105TH AVENUE
VERO BEACH, FL 32967 US

Current Mailing Address:

4405 WHISPERING PINES LANE
FORT PIERCE, FL 32967

New Mailing Address:

8735 105TH AVENUE
VERO BEACH, FL 32967 US

FEI Number: 20-8409296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'HEARN, JAMES J
2466 NE 17TH COURT
JENSEN BEACH, FL 34957 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: WILSON, ROSALYN
Address: 8735 105TH AVENUE
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: JOHNSON, RODERICK
Address: 1124 HEMLOCK CIRCLE
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: POLAK, CINDY
Address: 1362 SW HERALD RD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: O'HEARN, JAMES J
Address: 2466 NE 17TH COURT
City-St-Zip: JENSEN BEACH, FL 34957

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 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: JAMES J O'HEARN

D

04/25/2009

Electronic Signature of Signing Officer or Director

Date