

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000455

FILED
Sep 23, 2009
Secretary of State

Entity Name: PROJECT INVOLVEMENT: BRIDGING-THE-GAP INC.

Current Principal Place of Business:

302 NW 5TH AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

302 NW 5TH AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 45-0576083 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

DUNCAN, JACQUELINE
2330 SW WILLISTON ROAD
#317
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

DUNCAN, JACQUELINE
2000 S.W 16TH ST
#8
GAINESVILLE, FL 32608 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: _____

09/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUNCAN, JACQUELINE
Address: 2330 SW WILLISTON ROAD, #317
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD () Delete
Name: KING, JASON
Address: 22903 SE HAWTHORNE RD
City-St-Zip: HAWTHORNE, FL 32640

Title: ED () Delete
Name: FAIL, ROBIN
Address: 114 SE 26TH TERRACE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUNCAN, JACQUELINE
Address: 2000 S.W 16THST #8
City-St-Zip: GAINESVILLE, FL 32608

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: PRESIDENT/ JACQUELYN DUNCAN

RA

09/23/2009

Electronic Signature of Signing Officer or Director

Date