

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001707

FILED
Sep 01, 2009
Secretary of State

Entity Name: PAM HUTCHINSON BRIDGE BUILDER FOUNDATION, INC.

Current Principal Place of Business:

14984 SW 40TH STREET
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

14984 SW 40TH STREET
WESTON, FL 33331

New Mailing Address:

16850 COLLINS AVE
SUITE 112-126
N MIAMI BEACH, FL 33160

FEI Number: 26-2626547 **FEI Number Applied For ()** **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:

GILL, A. WAYNE ESQ.
200 CONGRESS PARK DRIVE
SUITE 210
DELRAY BEACH, FL 33445 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: WILLIAMS, DIANNE
Address: 16716 SAPPHIRE SPRINGS
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: HINES, SAM
Address: 9050 PINE BLVD., SUITE 150
City-St-Zip: MIRAMAR, FL 33024

Title: D () Delete
Name: LEWIS, SHAUN
Address: 5500 MILITARY TRAIL, SUITE 22-259
City-St-Zip: W PALM BEACH, FL 33458

Title: D () Delete
Name: HUTCHINSON, JEROME
Address: 14984 SW 40TH STREET
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: GILL, A. WAYNE
Address: 200 CONGRESS PARK DR., SUITE 210
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: JACKSON, ANTHONY
Address: 2646 NW 4TH STREET
City-St-Zip: MIAMI, FL 33311

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
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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: DIANNE L WILLIAMS

PRES

09/01/2009

Electronic Signature of Signing Officer or Director

Date