

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005951

FILED
May 01, 2009
Secretary of State

Entity Name: THE BRIDGE TO RECOVERY HALF WAY HOUSE, INC.

Current Principal Place of Business:

2351 E HINSON AVE., SUITE 38
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

2351 E HINSON AVE., SUITE 38
HAINES CITY, FL 33844

New Mailing Address:

PO BOX 1200
HAINES CITY, FL 33845

FEI Number: 26-3057311 **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:

LDL ACCOUNTANTS & ASSOCIATES, CPA'S
2351 E. HINSON AVE., SUITE 38
C/O DAVID OLIVENCIA, ACCOUNTANT
HAINES CITY, FL 33844 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: PD () Delete
Name: GONZALEZ, MANUEL
Address: 2351 E HINSON AVE., SUITE 38
City-St-Zip: HAINES CITY, FL 33844

Title: VPD () Delete
Name: GONZALEZ, ANGELO
Address: 2351 E HINSON AVE., SUITE 38
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: ROSADO, JOHN
Address: 2351 E HINSON AVE., SUITE 38
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: MCGUIRE, RITA
Address: 2351 E HINSON AVE., SUITE 38
City-St-Zip: HAINES CITY, FL 33844

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, MANUEL
Address: 2351 E HINSON AVE., SUITE 38
City-St-Zip: HAINES CITY, FL 33844 US

Title: VPD (X) Change () Addition
Name: JAIME, ADIEL
Address: 2351 E HINSON AVE., SUITE 38
City-St-Zip: HAINES CITY, FL 33844 US

Title: TD (X) Change () Addition
Name: OROSCO, NOEMI
Address: 2351 E HINSON AVE., SUITE 38
City-St-Zip: HAINES CITY, FL 33844 US

Title: SD (X) Change () Addition
Name: BRADWELL, ERICA
Address: 2351 E HINSON AVE., SUITE 38
City-St-Zip: HAINES CITY, FL 33844 US

Title: D () Change (X) Addition
Name: OROSCO, JOHNNY
Address: 2351 E HINSON AVE., SUITE 38
City-St-Zip: HAINES CITY, FL 33844 US

Title: D () Change (X) Addition
Name: LUGO, MARTHA
Address: 2351 E HINSON AVE., SUITE 38
City-St-Zip: HAINES CITY, FL 33844 US

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: MANUEL GONZALEZ

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date