

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007775

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** BRIDGING THE GAP TO SUCCESS, INC.

**Current Principal Place of Business:**

2006 YORK STREET  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

2665 TREANOR TERR  
WELLINGTON, FL 33414

**New Mailing Address:**

9420 SUNRISE LAKES BLVD  
103  
FT. LAUDERDALE, FL 33322

**FEI Number:** 27-0722311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, MARIE  
9420 SUNRISE LAKES BLVD., #103  
FT. LAUDERDALE, FL 33322 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  
**Name:** LAZIER, TARA  
**Address:** 825 NW 106TH STREET  
**City-St-Zip:** MIAMI, FL 33150

**Title:** VD  
**Name:** CLARK, MARIE  
**Address:** 9420 SUNRISE LAKES BLVD., APT 103  
**City-St-Zip:** FT. LAUDERDALE, FL 33322

**Title:** TD  
**Name:** DANSBY, CYNTHIA  
**Address:** P.O. BOX 257  
**City-St-Zip:** BROXTON, GA 31519

I hereby 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 all other like empowered.

**SIGNATURE:** TARA LAZIER

PRES

04/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date