


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90029 021 ****61.25

DOCUMENT # N18952

1. Entity Name
BRIDGES OF AMERICA - THE TURNING POINT BRIDGE, INC.




Principal Place of Business
 2001 MERCY DR
 STE 101
 ORLANDO, FL 32808 US

Mailing Address
 2001 MERCY DR
 STE 101
 ORLANDO, FL 32808 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01252008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2773629

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR
SHUFFIELD, LOWMAN & WILSON, P.A.
 1000 LEGION PL STE 1700
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, CHARLES	
STREET ADDRESS	5519 BAY SIDE DR	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROWN, DONALD S	
STREET ADDRESS	6325 WHIP-O-WILL LN	
CITY-ST-ZIP	ST CLOUD, FL 34771	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COSTANTION-BROWN, LORI	
STREET ADDRESS	5519 BAY SIDE DR	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADOUSE, PATTRICIA	
STREET ADDRESS	8085 N CADIZ CT	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCMURTY, GRADY S	
STREET ADDRESS	4698 HALL RD	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lori Costantion* **4/21/08** **407-291-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #