

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45578** (4)

1. Corporation Name

BUILDING BRIDGES, CORP.



Principal Place of Business

Mailing Address

**5849 OKEECHOBEE BLVD.
SUITE 201A
W PALM BEACH FL 33417**

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SUITE 201A
W PALM BEACH FL 33417**

3. Date Incorporated or Qualified
10/10/1991

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number
65-0285187

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULLER, ELISA L PA
1900 PHILLIPS POINT WEST
777 S FLAGLER DR
W PALM BEACH FL 33401**

81 Name **Janet Atkinson**
82 Street Address (P.O. Box Number is Not Acceptable)
1502 Highland Lane
83
84 City **Delray Beach** FL 85 Zip Code **33444**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Janet C. Atkinson

Janet C. Atkinson

Treasurer

June 5, 96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RESCH, BETTY	
STREET ADDRESS	297 S L STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, ELISA L	
STREET ADDRESS	1900 PHILLIPS POINT WEST	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	YOST, GRETCHEN	
STREET ADDRESS	364 FRANKLIN RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ATKINSON, JANET	
STREET ADDRESS	1502 HIGHLAND LANE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DS Barbara Ellen
3.3 STREET ADDRESS	653 Brackenwood Cove
3.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janet C. Atkinson

Janet C. Atkinson

June 5, 96

407-276-8349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)