

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N50274**

1. Entity Name  
**BRIDGES OF AMERICA, THE ORLANDO BRIDGE, INC.**



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

Mailing Address  
**2001 MERCY DR  
SUITE 101  
ORLANDO, FL 32808 US**



03212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2013044**

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 PLACE STE 1700  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CHARLES 5519 BAY SIDE DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMURTY, GRADY S 4698 HALL RD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTANTINO-BROWN, LORI 5519 BAY SIDE DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, DONALD 6325 WHIP-O-WILL LANE ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADOUSE, PATTRICIA 8085 N CADIZ COURT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000037634  
04/10/07-80049-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 Costantino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/07

Date

407 291 1500

Daytime Phone #