

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

TSB

#443010
61.25

DOCUMENT # N93000000891 (2)

1. Corporation Name

BRIDGES OF AMERICA - THE SANFORD BRIDGE, INC.



Principal Place of Business

Mailing Address

2100 BRENGLE AVENUE -
ORLANDO FL 32808-5629

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ORLANDO FL 32808-5629

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 2055 Mercy Drive

26 2055 Mercy Drive

4. FEI Number

59-3201301

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

22 City & State
Orlando FL

27 City & State
Orlando FL

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

23 Zip
32808

Country

28 Zip
32808

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSTANTINO, FRANK
2100 BRENGLE AVENUE
ORLANDO FL 32808-5629

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2055 Mercy Drive

83

84 City

FL

85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	COSTANTINO, FRANK	
STREET ADDRESS	5519 BAYSIDE DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMURTY, GRADY	
STREET ADDRESS	4698 HALL RD.	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, DON	
STREET ADDRESS	1375 COUNTY RD. 565A	
CITY - ST - ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, BEN	
STREET ADDRESS	PO BOX 1189 NA, RTE 1	
CITY - ST - ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POITRAS, EDWARD W	
STREET ADDRESS	27 B MOORE RD.	
CITY - ST - ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	32819
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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:

Sandra B. Mortham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

Daytime Phone #

CR2E037 (12/95)