

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000000891 (2)**  
 1. Corporation Name  
**BRIDGES OF AMERICA - THE SANFORD BRIDGE, INC.**



Principal Place of Business 2055 MERCY DR ORLANDO FL 32808-5629 US	Mailing Address 2055 MERCY DR ORLANDO FL 32808-5613 US
---	---

3. Date Incorporated or Qualified <b>02/22/1993</b>	3a. Date of Last Report <b>02/07/1996</b>
4. FEI Number <b>59-3201301</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

**9. Name and Address of Current Registered Agent**

**COSTANTINO, FRANK**  
 2055 MERCY DR  
 ORLANDO FL 32808-5629

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COSTANTINO, FRANK</b>	
STREET ADDRESS	<b>5519 BAYSIDE DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCMURTY, GRADY</b>	
STREET ADDRESS	<b>4898 HALL RD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, DON</b>	
STREET ADDRESS	<b>1375 COUNTY RD. 565A</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRISON, BEN</b>	
STREET ADDRESS	<b>PO BOX 1189 NA, RTE 1</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POITRAS, EDWARD W</b>	
STREET ADDRESS	<b>27 B MOORE RD.</b>	
CITY-ST-ZIP	<b>HAINES CITY FL 33644</b>	
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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>zip 32819</b>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ DATE **1-10-97**

CR2E037 (9/96)