

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90082 016 \*\*\*\*61.25

DOCUMENT # N93000000891

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



Principal Place of Business  
2011 MERY DR.  
ORLANDO, FL 32808 US

Mailing Address  
2011 MERY DR.  
ORLANDO, FL 32808 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3201301

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Bishop Frank Costantino  
Street Address (P.O. Box Number is Not Acceptable)

2011 Mercy Dr  
City Orlando FL Zip Code 32808

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, 2004

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 ☐ Delete  
NAME COSTANTINO, FRANK  
STREET ADDRESS 2011 MERCY DR.  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D ☐ Delete  
NAME MCMURTY, GRADY  
STREET ADDRESS 4698 HALL RD.  
CITY-ST-ZIP ORLANDO, FL 32817

TITLE D ☐ Delete  
NAME BROWN, DON  
STREET ADDRESS 6325 WHIP-O-WILL LANE  
CITY-ST-ZIP ST. CLOUD, FL 34771

TITLE D ☐ Delete  
NAME HARRISON, BEN  
STREET ADDRESS PO BOX 279  
CITY-ST-ZIP BRYSON CITY, NC 28713

TITLE D ☐ Delete  
NAME POITRAS, EDWARD W  
STREET ADDRESS 27 LAKE HAMILTON BEACH  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D ☐ Delete  
NAME CASTANTINO, LORI B  
STREET ADDRESS 2011 MERCY DR.  
CITY-ST-ZIP ORLANDO, FL 32808

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Patricia Madouse  
STREET ADDRESS 2011 Mercy Drive  
CITY-ST-ZIP Orlando, FL 32808

TITLE D ☐ Change ☒ Addition  
NAME Charles Brown  
STREET ADDRESS 2011 Mercy Drive  
CITY-ST-ZIP Orlando, FL 32808

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Lori Costantino - Brown  
STREET ADDRESS 2011 Mercy Dr.  
CITY-ST-ZIP Orlando FL 32808

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #