

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000893 (8)**  
1. Corporation Name  
**BRIDGES OF AMERICA - THE GAINESVILLE BRIDGE, INC**



Principal Place of Business <b>2055 MERCY DR ORLANDO FL 32808-5629 US</b>		Mailing Address <b>2055 MERCY DR ORLANDO FL 32808-5629 US</b>		3. Date Incorporated or Qualified <b>02/22/1993</b>	
				4. FEI Number <b>59-3237976</b>	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 City & State		27 City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Zip		28 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
26		27		30	

9. Name and Address of Current Registered Agent <b>COSTANTINO, FRANK 2055 MERCY DRIVE ORLANDO FL 32808</b>		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	

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COSTANTINO, FRANK</b>	1.2 NAME	
STREET ADDRESS	<b>5519 BAYSIDE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>32819</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMURTY, GRADY</b>	2.2 NAME	
STREET ADDRESS	<b>4898 HALL RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, DON</b>	3.2 NAME	
STREET ADDRESS	<b>1975 COUNTY RD. 6854</b>	3.3 STREET ADDRESS	<b>625 Whip-O-Will Lane</b>
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	3.4 CITY-ST-ZIP	<b>St. Cloud, FL 34771</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POITRAS, EDWARD W</b>	4.2 NAME	
STREET ADDRESS	<b>27 B MOORE RD</b>	4.3 STREET ADDRESS	<b>27 Lake Hamilton Beach</b>
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRISON, BEN</b>	5.2 NAME	
STREET ADDRESS	<b>PO BOX 1189, RT. 1</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 additions.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)