

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90059 046 \*\*\*\*61.25

DOCUMENT # N93000000893

1. Corporation Name

BRIDGES OF AMERICA - THE GAINESVILLE BRIDGE, INC

Principal Place of Business

2055 MERCY DR  
ORLANDO FL 32808-5629  
US

Mailing Address

2055 MERCY DR  
ORLANDO FL 32808-5629  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/22/1993

4. FEI Number

59-3237976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

COSTANTINO, FRANK  
2055 MERCY DRIVE  
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

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

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

TITLE ☐ DELETE

NAME D  
COSTANTINO, FRANK  
STREET ADDRESS 5519 BAYSIDE DR  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D  
BROWN, DON  
STREET ADDRESS 625 WHIP-O-WILL LANE  
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D  
HARRISON, BEN  
STREET ADDRESS PO BOX 1189, RT. 1  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6325 WHIP-O-WILL LANE

15835 HIGHWAY 50

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 an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/23/99

(407) 291-1500

Date

Daytime Phone #

0017396

CR2E037\_ (11/98)