


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90082 009 \*\*\*\*61.25

<b>DOCUMENT # N93000000893</b> 1. Entity Name <b>BRIDGES OF AMERICA - THE GAINESVILLE BRIDGE, INC.</b>			
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>	
2. Principal Place of Business <b>2011 Mercy Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>2011 Mercy Drive</b> Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b>		City & State <b>Orlando FL</b>	
Zip <b>FL 32808</b>		Zip <b>32808-5629</b>	
4. FEI Number <b>59-3237976</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COSTANTINO, FRANK 2055 MERCY DRIVE ORLANDO, FL 32808</b>		7. Name and Address of New Registered Agent Name <b>Frank Costantino</b> Street Address (P.O. Box Number is Not Acceptable) <b>2011 Mercy Drive</b> City <b>Orlando</b> State <b>FL</b> Zip Code <b>32805</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <b>Don Costantino</b>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>4/19/2004</b>  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COSTANTINO, FRANK 5519 BAYSIDE DR ORLANDO, FL 32819</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Frank Costantino</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2011 Mercy Drive Orlando, FL 32808-5629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MCMURTY, GRADY 4698 HALL RD. ORLANDO, FL 32817</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patricia Madouse</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2011 Mercy Drive Orlando, FL 32808</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BROWN, DON 6325 WHIP-O-WILL LANE ST. CLOUD, FL 34771</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Charles Brown</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2011 Mercy Drive Orlando, FL 32808</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>POITRAS, EDWARD W 27 LAKE HAMILTON BEACH HAINES CITY, FL 33844</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HARRISON, BEN PO BOX 279 BRYSON CITY, NC 28713</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BROWN, LORI C 5519 BAY SIDE DR ORLANDO, FL 32819</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lori Costantino-Brown</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2011 Mercy Dr Orlando, FL 32805</b>
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: <b>Don Costantino-Brown</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/19/04</b> Daytime Phone # <b>407-291-1500</b>	