

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000000893

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



Principal Place of Business
**2011 MERCY DR
#101
ORLANDO, FL 32808-5629 US**

Mailing Address
**2011 MERCY DR
#101
ORLANDO, FL 32808-5629 US**



03212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3237976

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOWMAN, WILLIAM R JR
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, CHARLES 5519 BAY SIDE DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCMURTY, GRADY S 4698 HALL RD. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BROWN, DONALD S 6325 WHIP-O-WILL LANE ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COSTANTINO-BROWN, LORI 5519 BAY SIDE DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MADOUSE, PATTRICIA 8085 N. CADIZ COURT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000687542
04/10/07-80044-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori Costantino
3/29/07

Date

Daytime Phone #