2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N93000000893

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

Current Principal Place of Business:

2011 MERCY DR
#101
ORLANDO, FL 328085629 US

New Principal Place of Business:

Current Mailing Address:

2011 MERCY DR
#101
ORLANDO, FL 328085629 US

New Mailing Address:

FEI Number: 59-3237976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BROWN, CHARLES	
Address:	5519 BAY SIDE DRIVE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	SD	( ) Delete
Name:	MCMURTY, GRADY S	
Address:	4698 HALL RD.	
City-St-Zip:	ORLANDO, FL 32817	
Title:	DT	( ) Delete
Name:	BROWN, DONALD S	
Address:	6325 WHIP-O-WILL LANE	
City-St-Zip:	ST. CLOUD, FL 34771	
Title:	DP	( ) Delete
Name:	COSTANTINO-BROWN, LORI	
Address:	5519 BAY SIDE DRIVE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	MADOUSE, PATTRICIA	
Address:	8085 N. CADIZ COURT	
City-St-Zip:	ORLANDO, FL 32836	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVEL QUEVEDO CFO 05/13/2009

Electronic Signature of Signing Officer or Director — Date