

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JANIS H. MATHIAS
Secretary of State
1900 N.W. 17th Street, Room 305
Tallahassee, Florida 32304-0305

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 1:00

DOCUMENT # **N93000002016 (4)**

THE BRIDGE TO VICTORY INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2170 NW 20TH ST FT LAUDERDALE FL 33311**
Mailing Address: **2170 NW 20TH ST FT LAUDERDALE FL 33311**

3. Date Incorporated or Qualified: **04/30/1993** 3a. Date of Last Report: **11/10/1994**
4. FEI Number: **65-0414957** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. # etc: 22
City & State: 27
Zip: 24 Country: 25 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**MATTHEWS, CLESTER E
4940 NW 18TH ST
LAUDERHILL FL 33313**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
101 NAME: PD MATTHEWS, CLESTER E STREET ADDRESS: 4940 NW 18TH ST. CITY, ST, ZIP: LAUDERHILL FL 33313-4118	11 NAME: _____ 12 STREET ADDRESS: _____ 13 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
102 NAME: STD MATTHEWS, DOROTHY STREET ADDRESS: 4940 NW 18TH ST. CITY, ST, ZIP: LAUDERHILL FL 33313-4118	21 NAME: _____ 22 STREET ADDRESS: _____ 23 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
103 NAME: VD JENKINS, DARLEEN STREET ADDRESS: 3711 NW 21ST ST., #208 CITY, ST, ZIP: FT. LAUDERDALE FL 33311	31 NAME: _____ 32 STREET ADDRESS: _____ 33 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
104 NAME: D BROOKS, ROBERT STREET ADDRESS: 1741 NW 28TH TERR. CITY, ST, ZIP: FT. LAUDERDALE FL 33311	41 NAME: _____ 42 STREET ADDRESS: _____ 43 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
105 NAME: D RUSS, SABRINA STREET ADDRESS: 7432 NW 75TH ST. CITY, ST, ZIP: TAMARAC FL 33321	51 NAME: _____ 52 STREET ADDRESS: _____ 53 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
106 NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	61 NAME: _____ 62 STREET ADDRESS: _____ 63 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information included 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, changed, or on an attachment with an address.

SIGNATURE: *Dorothy Matthews* *Dorothy Matthews* 4/18/95 305-484-5786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR