

FILE NOW: FILING FEE IS \$61.25

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Jun 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003172 (4)**

1. Corporation Name

THE BRIDGEWAY HOUSE, INC.



Principal Place of Business 2909 GRADY ROAD TALLAHASSEE FL 32312	Mailing Address 2909 GRADY ROAD TALLAHASSEE FL 32312
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3. Date Incorporated or Qualified

07/15/1993

4. FEI Number

59-3197892

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <i>Tallahassee</i> 23 City & State <i>Fla</i> 24 Zip <i>32304</i> 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State <i>Tallahassee Fla</i> 29 Zip <i>32312</i> 30 Country
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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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, JOSEPHINE
2909 GRADY ROAD
TALLAHASSEE FL 32312**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, HENRY MR.	1.2 NAME	2922 Hillsborough St Tall FL
STREET ADDRESS	1102 HARLEM STREET	1.3 STREET ADDRESS	HARRIS, Leslie MR. 32310
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LESLIE MR.	2.2 NAME	MURPHY, Henry MR. Tall, Fla
STREET ADDRESS	2022 HILLSBOROUGH STREET	2.3 STREET ADDRESS	1102 Harlem St 32310
CITY-ST-ZIP	TALLAHASSEE FL 32310	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Mathis, Ernest <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, ERNEST	3.2 NAME	644 W. Brevard St
STREET ADDRESS	644 W. BREVARD ST.	3.3 STREET ADDRESS	Tall. FL 32304
CITY-ST-ZIP	TALLAHASSEE FL 32304	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	PD Johnson Josephine ms <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOSEPHINE MS.	4.2 NAME	2909 Grady Rd
STREET ADDRESS	2909 GRADY ROAD	4.3 STREET ADDRESS	Tall. FL 32312
CITY-ST-ZIP	TALLAHASSEE FL 32312	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Josephine Johnson 6/8/98

CP2E037 (10/97)