

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

99 JUL -7 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003172

1. Corporation Name

THE BRIDGEWAY HOUSE, INC.

Principal Place of Business

707 W. DELAWARE ST  
TALLAHASSEE FL 32304

Mailing Address

2909 GRADY RD  
TALLAHASSEE FL 32312

2. Principal Place of Business 21 707 West Delaware 22 Suite, Apt. #, etc. 23 City & State Tallahassee FL 24 Zip 32304 25 Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 07/15/1993 4. FEI Number 59-3197892 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent JOHNSON, JOSEPHINE 2909 GRADY ROAD TALLAHASSEE FL 32312	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
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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 Josephine Johnson

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	VD	1.1 TITLE	V.D. MURPHY, Henry
NAME	MURPHY, HENRY MR.	1.2 NAME	1102 Harlem St
STREET ADDRESS	1102 HARLEM ST	1.3 STREET ADDRESS	Tallahassee FL 32310
CITY-ST-ZIP	TALLAHASSEE FL 32310	1.4 CITY-ST-ZIP	Tallahassee FL 32310
TITLE	D	2.1 TITLE	Director
NAME	HARRIS, LESLIE MR.	2.2 NAME	Harris Leslie
STREET ADDRESS	2022 HILLSBOROUGH STREET	2.3 STREET ADDRESS	2022 Hillsborough Street
CITY-ST-ZIP	TALLAHASSEE FL 32310	2.4 CITY-ST-ZIP	Tallahassee FL 32310
TITLE	D	3.1 TITLE	Sec. Mathis Ernest
NAME	MATHIS, ERNEST	3.2 NAME	Mathis Ernest
STREET ADDRESS	644 W. BREVARD ST.	3.3 STREET ADDRESS	644 W. Brevard St
CITY-ST-ZIP	TALLAHASSEE FL 32304	3.4 CITY-ST-ZIP	Tallahassee FL 32304
TITLE	PD	4.1 TITLE	PD Johnson Josephine
NAME	JOHNSON, JOSEPHINE MS.	4.2 NAME	Johnson Josephine
STREET ADDRESS	2909 GRADY ROAD	4.3 STREET ADDRESS	2909 Grady Rd
CITY-ST-ZIP	TALLAHASSEE FL 32312	4.4 CITY-ST-ZIP	Tallahassee FL 32304
TITLE		5.1 TITLE	05/04/99 90077 031
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	800002925825-8
NAME		6.2 NAME	-07/08/99--01002--001
STREET ADDRESS		6.3 STREET ADDRESS	*****8.75 *****8.75
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, with all other officers empowered.

SIGNATURE: Josephine Johnson

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