

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000003172

1. Entity Name  
THE BRIDGEWAY HOUSE, INC.



Principal Place of Business  
707 WEST DELAWARE  
HALFWAY HOUSE  
TALLAHASSEE, FL 32304 US

Mailing Address  
707 WEST DELAWARE  
HALFWAY HOUSE  
TALLAHASSEE, FL 32304 US

FILED

04 APR 12 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number  
59-3197892

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, JOSEPHINE  
2909 GRADY ROAD  
TALLAHASSEE, FL 32312

**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 resigning)

04/27/04--01078--001 \*\*70.00  
700034142767  
~~04/27/04--01078--001 \*\*70.00~~

**Filing Fee is \$61.25  
Due by May 1, 2004**

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  
VP  
MURPHY, HENRY  
1102 HARLEM ST  
TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BARBER, KENNETT  
201 RIDGE RD  
TALLAHASSEE, FL 32310

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HARRIS, LESILE  
2022 HILLSBOROUGH ST  
TALLAHASSEE, FL 32310

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EDT  
JOHNSON, JOSEPHINE  
2909 GRADY ROAD  
TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
JONES, MARVA  
2909 GRADY ROAD  
TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
DICKENS, BILLY  
2426 BUTTON BUSH CT  
TALLAHASSEE, FL

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #