


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90115 003 \*\*\*\*70.00

<b>DOCUMENT # N93000003172</b> 1. Entity Name <b>THE BRIDGEWAY HOUSE, INC.</b>					
Principal Place of Business <b>707 WEST DELAWARE HALFWAY HOUSE TALLAHASSEE, FL 32304 US</b>			Mailing Address <b>P O BOX 37477 TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3197892</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>FORD, ALONZO A 261 CARTERWOOD DRIVE TALLAHASSEE, FL 32305</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>MURPHY, HENRY</b> <b>1102 HARLEM ST</b> <b>TALLAHASSEE, FL 32312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>Craig P. Riley, Rev.</b> <b>866 Golden Street</b> <b>Talla... FL 32304</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MCCOY, RON</b> <b>3207 WHEATLEY RD</b> <b>TALLAHASSEE, FL 32305</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KEATON, BERNICE MRS</b> <b>2621 MAYFAIR RD</b> <b>TALLAHASSEE, FL 32303</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JOHNSON, JOSEPHINE L MRS</b> <b>2909 GRADY ROAD</b> <b>TALLAHASSEE, FL 32312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDT <b>FORD, ALONZO A REV</b> <b>261 CARTERWOOD DR</b> <b>TALLAHASSEE, FL 32305</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>DICKENS, BILLY</b> <b>2426 BUTTON BUSH CT</b> <b>TALLAHASSEE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <i>Alonzo A Ford</i> <b>1 May 2006</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50016348**



02222006 Chg-NP CR2E037 (11/05)