

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 002 ****61.25

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**

2. Principal Place of Business

707 West Delaware
Suite, Apt. #, etc.

3. Mailing Address

707 West Delaware
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State <i>Tallahassee</i>		City & State <i>Florida</i>		4. FEI Number 59-3197892	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32304</i>	Country <i>Leon</i>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 *Josephine L Johnson* *4-30-03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MURPHY, HENRY 1102 HARLEM ST TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARBER, KENNETT 201 RIDGE RD TALLAHASSEE FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRIS, LESILE 2022 HILLSBOROUGH ST TALLAHASSEE FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EDT JOHNSON, JOSEPHINE 2909 GRADY ROAD TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JONES, MARVA 2909 GRADY ROAD TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP DICKENS, BILLY 2426 BUTTON BUSH CT TALLAHASSEE FL <input type="checkbox"/> Delete	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 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: *Josephine L Johnson* *4-30-03* *850-425-4670*

CR2E037 (10/02)