

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004403

FILED
Apr 27, 2007
Secretary of State

Entity Name: THE BRIDGE CFL INC.

Current Principal Place of Business:

100 WEST LAKE RUBY DR
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

100 WEST LAKE RUBY DR
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 65-0444339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOSS, GARY L
100 WEST LAKE RUBY DR.
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VOSS, GARY L
Address: 2005 WINTERSET RD.
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: DS () Delete
Name: WINTERS, DEBORAH A
Address: 2122 EDGEWATER CR., SE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: DVP () Delete
Name: VOSS, SHARON K
Address: 2005 WINTERSET RD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: DT () Delete
Name: CURRAN, JOYCE
Address: 1224 CYPRESS POINT EAST
City-St-Zip: WINTER HAVEN, FL 33884 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L VOSS

Electronic Signature of Signing Officer or Director

PRES

04/27/2007

Date