

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 09, 2008  
Secretary of State

DOCUMENT# N93000004403

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:**

49 EAST MCLEOD AVE  
EAGLE LAKE, FL 33839 US

**Current Mailing Address:**

100 WEST LAKE RUBY DR  
WINTER HAVEN, FL 33884 US

**New Mailing Address:**

6039 CYPRESS GARDENS BLVD  
BOX 251  
WINTER HAVEN, FL 33884 US

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:**

VOSS, GARY L  
49 EAST MCLEOD AVE  
EAGLE LAKE, FL 33839 US

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:

04/09/2008

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

PRES

04/09/2008

Electronic Signature of Signing Officer or Director

Date