2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004403

Entity Name: THE BRIDGE CFL INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	CLEOD AVE KE, FL 33839	US			ERSET ROAD AVEN, FL 33884	US
Current Mailing Address:				New Mailing Address:		
6039 CYPRESS GARDENS BLVD BOX 251 WINTER HAVEN, FL 33884 US						
FEI Number:	65-0444339 F	El Number Applied For() F	FEI Numb	per Not Applic	cable () Certifi	cate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
VOSS, GARY L 49 EAST MCLEOD AVE EAGLE LAKE, FL 33839 US				VOSS, GARY L 2005 WINTERSET ROAD WINTER HAVEN, FL 33884 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:						04/29/2009
	Electronic S	Signature of Registered Agent				Date
OFFICERS AND DIRECTORS:				ADDITIONS	S/CHANGES TO OF	FICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DP () Delo VOSS, GARY L 2005 WINTERSET F WINTER HAVEN, FL	RD.	N #	Fitle: Name: Address: City-St-Zip:	()Change	e () Addition
Title: Name: Address: City-St-Zip:	DS () Delo WINTERS, DEBORA 2122 EDGEWATER WINTER HAVEN, FL	AH A CR., SE	N #	Fitle: Name: Address: Dity-St-Zip:	()Change	e()Addition
Title: Name: Address: City-St-Zip:	DVP () Dele VOSS, SHARON K 2005 WINTERSET F WINTER HAVEN, FL	RD	N #	Fitle: Name: Address: City-St-Zip:	()Change	e()Addition
Title: Name: Address: City-St-Zip:	DT () Delo CURRAN, JOYCE 1224 CYPRESS PO WINTER HAVEN, FL	INT EAST	N #	Fitle: Name: Address: City-St-Zip:	()Change	e()Addition
Title: Name: Address: City-St-Zip:	()Dele	ete	N #	Fitle: Name: Address: Dity-St-Zip:	D () Change WAGNER, DAVID 2302 12TH STREET, N' WINTER HAVEN, FL 3:	
Title: Name: Address: City-St-Zip:	() Dele	ete	۱ 4	Fitle: Name: Address: City-St-Zip:	D () Change WAGNER, BRIGETTE N 2302 12TH STREET, N' WINTER HAVEN, FL 3:	W

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 04/29/2009