

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N93000004403

Entity Name: THE BRIDGE CFL INC.

Current Principal Place of Business:

49 EAST MCLEOD AVE
EAGLE LAKE, FL 33839 US

New Principal Place of Business:

2005 WINTERSET ROAD
WINTER HAVEN, FL 33884 US

Current Mailing Address:

6039 CYPRESS GARDENS BLVD
BOX 251
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
49 EAST MCLEOD AVE
EAGLE LAKE, FL 33839 US

Name and Address of New Registered Agent:

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 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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: WAGNER, DAVID
Address: 2302 12TH STREET, NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Change (X) Addition
Name: WAGNER, BRIGETTE M
Address: 2302 12TH STREET, NW
City-St-Zip: WINTER HAVEN, FL 33881

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
Electronic Signature of Signing Officer or Director Date