

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90059 045 ****61.25

DOCUMENT # N94000002416

1. Corporation Name

BRIDGES OF AMERICA - THE DADE BRIDGE, INC.

Principal Place of Business

2055 MERCY DR
ORLANDO FL 32808
US

Mailing Address

2055 MERCY DR
ORLANDO FL 32808-5629
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/13/1994

4. FEI Number

59-3289590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COSTANTINO, FRANK
2055 MERCY DR
ORLANDO FL 32808-5629

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
COSTANTINO, FRANK
5519 BAYSIDE DRIVE
ORLANDO FL 32819

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
MCMURTRY, GRADY
4698 HALL RD
ORLANDO FL 32817

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
POITRAS, EDWARD W
27 LAKE HAMILTON BEACH
HAINES CITY FL 33844

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
HARRISON, BEN
P O BOX 1189 RT 1
CLERMONT FL 32711

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
BROWN, DON
625 WHIP-O-WILL LANE
ST CLOUD FL 34711

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

15835 HIGHWAY 50
CLERMONT FL 34711

6325 WHIP-O-WILL LANE
ST CLOUD FL 34771

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

2/23/99

Date

(407) 291-1600

Daytime Phone #

0017404

CR2E037 (11/98)