

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

POSTED

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1. Entity Name
BRIDGES OF AMERICA - THE ST. PETE BRIDGE, INC.



Principal Place of Business

**2011 MERCY DR
ORLANDO, FL 32808 US**

Mailing Address

**2011 MERCY DR
ORLANDO, FL 32808 US**



01142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3289590

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COSTANTINO, FRANK
2011 MERCY DR
ORLANDO, FL 32808**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME COSTANTINO, FRANK
STREET ADDRESS 2011 MERCY DR
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D
NAME MCMURTRY, GRADY
STREET ADDRESS 4698 HALL RD
CITY-ST-ZIP ORLANDO, FL 32817

TITLE D
NAME POITRAS, EDWARD W
STREET ADDRESS 27 LAKE HAMILTON BEACH
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D
NAME HARRISON, BEN
STREET ADDRESS P.O. BOX 279
CITY-ST-ZIP BRYSON CITY, NC 28713

TITLE D
NAME BROWN, DON
STREET ADDRESS 6325 WHIP-O-WILL LANE
CITY-ST-ZIP ST CLOUD, FL 34771

TITLE D
NAME CONSTANTINO-BROWN, LORI
STREET ADDRESS 2011 MERCY DR
CITY-ST-ZIP ORLANDO, FL 32808

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01/28/05-80011-011 61.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #