

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2005 08:00 AM

Secretary of State

DOCUMENT # N94000002419

1. Entity Name
BRIDGES OF AMERICA - THE LAKE LAND BRIDGE, INC.



Principal Place of Business
2011 MERCY DRIVE
ORLANDO, FL 32808-5629 US

Mailing Address
2011 MERCY DRIVE
ORLANDO, FL 32808-5629 US



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0499167

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 DRIVE
ORLANDO, FL 32808-5628

**DO NOT WRITE
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 BISHOP
STREET ADDRESS 2011 MERCY DRIVE
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 33814

TITLE D
NAME HARRISON, BEN
STREET ADDRESS P.O. BOX 27
CITY-ST-ZIP BRYSON CITY, NC 28713

TITLE D
NAME BROWN, DON
STREET ADDRESS 625 WHIP-O-WILL LANE
CITY-ST-ZIP ST. CLOUD, FL 34777

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

U000000200048
01/28/05-80011-016 61.25

**DO NOT WRITE
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

1/22/05

Date

Daytime Phone #