

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90033 025 \*\*\*\*61.25

**DOCUMENT # N94000002419**

1. Entity Name  
**BRIDGES OF AMERICA - THE LAKELAND BRIDGE, INC.**



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

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

**60015852**



2. Principal Place of Business

**2001 mercy Drive**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Orlando, FL**

Zip  
**32808**

Country  
**US**

3. Mailing Address

**2001 mercy Drive**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Orlando, FL**

Zip  
**32808**

Country  
**US**

01032006 Chg-NP CR2E037 (11/05)

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**

7. Name and Address of New Registered Agent

Name **Costantino, Bishop Frank**  
Street Address (P.O. Box Number is Not Acceptable)  
**2001 mercy Drive**  
**Suite 101**  
City **Orlando** FL Zip Code **32808**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, FRANK BISHOP 2011 MERCY DRIVE ORLANDO, FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURTRY, GRADY 4698 HALL RD ORLANDO, FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITRAS, EDWARD W 27 LAKE HAMILTON BEACH HAINES CITY, FL 33814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, BEN P.O. BOX 27 BRYSON CITY, NC 28713	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DON 625 WHIP-O-WILL LANE ST. CLOUD, FL 34777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO-BROWN, LORI 2011 MERCY DRIVE ORLANDO, FL 32808	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Costantino, Bishop Frank</b> <b>2001 mercy Drive, Suite 101</b> <b>Orlando, FL 32808</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>madouse, Patricia</b> <b>2001 mercy Drive, Suite 101</b> <b>Orlando, FL 32808</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Brown, Charles</b> <b>2001 mercy Drive, Suite 101</b> <b>Orlando, FL 32808</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Costantino-Brown, Lori</b> <b>2001 mercy Drive, Suite 101</b> <b>Orlando, FL 32808</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**2/18/06**

Date

Daytime Phone #

ATTACHMENT  
BRIDGES OF

60015882  
# 094000002419

BISHOP FRANK COSTANTINO  
PRESIDENT



*"A Wholistic Twelve Step Treatment Program"*

February 13, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find our 2006 Not-for-Profit Corporation Annual Reports. Last year we made changes that were not reflected on these reports.

Please insure that all changes are made accordingly.

Thank you.

Marvel Quevedo

Controller