


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # N94000002419**

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



Principal Place of Business 2001 MERCY DRIVE SUITE 101 ORLANDO, FL 32808 US	Mailing Address 2001 MERCY DRIVE SUITE 101 ORLANDO, FL 32808 US
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**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0499167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR.  
 SHUFFIELD, LOWMAN & WILSON, P.A.  
 1000 LEGION PLACE, STE. 1700  
 ORLANDO, FL 32801

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, CHARLES 5519 BAY SIDE DR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, DONALD S 6325 WHIP-O-WILL LANE ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COSTANTINO-BROWN, LORI 5519 BAY SIDE DR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MADOUSE, PATTRICIA 8085 N. CADIZ CT. ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCMURTRY, GRADY S 4698 HALL RD. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000687535  
 04/10/07-80044-008 61.25

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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: Lori Costantino 3/29/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #