


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2005 08:00 AM

POSTED
Secretary of State

DOCUMENT # N94000005647
1. Entity Name
BRIDGES OF AMERICA - THE POLK BRIDGE, INC.



Principal Place of Business
2011 MERCY DR
ORLANDO, FL 32808 US

Mailing Address
2011 MERCY DR
ORLANDO, FL 32808 US

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01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3289594 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

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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, 2005

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 COSTANTINO, FRANK 2011 MERCY DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMURTRY, GRADY 4698 HALL RD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, DON 6325 WHIP-O-WILL LANE ST CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POITRAS, EDWARD W 27 LAKE HAMILTON BEACH HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRISON, BEN P O BOX 279 BRYSON CITY, NC 28713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONSTANTINO-BROWN, LORI 2011 MERCY DR ORLANDO, FL 32808

U00000200055
01/28/05-80011-019 61.25

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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: Lori Costantino-Brown 1/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #