

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005853 (5)**  
1. Corporation Name  
**BRIDGE BUILDERS ASSISTANCE FUND, INC.**



Principal Place of Business <b>833 OAK STREET NE ST. PETERSBURG FL 33701</b>	Mailing Address <b>833 OAK STREET NE ST. PETERSBURG FL 33701-1918</b>
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3. Date Incorporated or Qualified <b>12/07/1995</b>	3a. Date of Last Report <b>03/22/1996</b>
4. FEI Number <b>59-3348718</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc.	Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**SHAW, THOMAS C  
605 EAST ROBINSON STREET STE 510  
ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, MARILU</b>
STREET ADDRESS	<b>4205 SAN JUAN STREET</b>
CITY-ST-ZIP	<b>TAMPA FL 33629</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CALVERT, KIMBERLY</b>
STREET ADDRESS	<b>4295 BIRCH STREET</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COTTRELL, MARK</b>
STREET ADDRESS	<b>833 OAK STREET NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEWEY, THOMAS</b>
STREET ADDRESS	<b>3806 KANAWH AVENUE EAST</b>
CITY-ST-ZIP	<b>POINT OF ROCKS MD 21777</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EATON, CHRISTOPHER</b>
STREET ADDRESS	<b>833 OAK STREET NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HURST, KIMBERLY</b>
STREET ADDRESS	<b>18870 WHITE FAWN DRIVE</b>
CITY-ST-ZIP	<b>MONUMENT CO 80132</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>6210 Sun Blvd. # 303</b>
1.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33715</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>137 Paradise Rd.</b>
2.3 STREET ADDRESS	<b>Swampscott, MA 01907</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *CHRISTOPHER EATON* **3/24/97** **813 898 4152**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049765

CR2E037 (9/96)