

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Bramham</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>633 OAK STREET NE ST. PETERSBURG FL 33701</b>	Mailing Address <b>633 OAK STREET NE ST. PETERSBURG FL 33701</b>
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3. Date Incorporated or Qualified <b>12/07/1995</b>	Applied For
4. FEI Number <b>59-3348718</b>	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>SHAW, THOMAS C 605 EAST ROBINSON STREET STE 510 ORLANDO FL 32801</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, MARILU</b>	1.2 NAME <b>MARILU CAMPBELL</b>
STREET ADDRESS	<b>6210 SUN BLVD #303</b>	1.3 STREET ADDRESS <b>4101 WINNERS CIRCLE # 124</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY-ST-ZIP <b>SARASOTA, FL 34238</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CALVERT, KIMBERLY</b>	2.2 NAME <b>MARGARET RINALDI</b>
STREET ADDRESS	<b>4295 BIRCH STREET</b>	2.3 STREET ADDRESS <b>1717 9th St. N</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	2.4 CITY-ST-ZIP <b>ST. PETERSBURG, FL. 33704</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COTTRELL, MARK</b>	3.2 NAME <b>CAREY CAMPBELL CALDWELL</b>
STREET ADDRESS	<b>633 OAK STREET NE</b>	3.3 STREET ADDRESS <b>2917 JOHN ST.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	3.4 CITY-ST-ZIP <b>TAMPA, FL 33614</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>MARGARITA SARMIENTO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEWEY, THOMAS</b>	4.2 NAME <b>6923 LAKE PLACE CT.</b>
STREET ADDRESS	<b>3806 KANAWH AVENUE EAST</b>	4.3 STREET ADDRESS <b>TAMPA, FL. 33634</b>
CITY-ST-ZIP	<b>POINT OF ROCKS MD 21777</b>	4.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EATON, CHRISTOPHER</b>	5.2 NAME
STREET ADDRESS	<b>633 OAK STREET NE</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	5.4 CITY-ST-ZIP
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURST, KIMBERLY</b>	6.2 NAME
STREET ADDRESS	<b>18870 WHITE FAWN DRIVE</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>MONUMENT CO 80132</b>	6.4 CITY-ST-ZIP

14. 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 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: MARGARET RINALDI 3/30/98 (813)8984152

CR2E037 (10/97)

**Marilyn Campbell, President**  
4101 Winner's Circle #124  
Sarasota, Florida 32438

Director

**Margaret Rinaldi, Secretary/Administrator**  
1717 9th Street North  
St. Petersburg, Florida 33704

Director

**Carey Caldwell, Treasurer**  
2917 Jean Street  
Tampa, Florida 33614

Director

**Margarita Sarmiento**  
6923 Lake Place Ct.  
Tampa, Florida 33634

Director

**Mark Cottrell**  
833 Oak Street NE  
St. Petersburg, Fl. 33701

Director

**Chris Eaton**  
833 Oak Street NE  
St. Petersburg, Fl. 33701

Director