


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90007 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005853**

1. Corporation Name  
**BRIDGE BUILDERS ASSISTANCE FUND, INC.**

Principal Place of Business 833 OAK STREET NE ST. PETERSBURG FL 33701	Mailing Address 833 OAK STREET NE ST. PETERSBURG FL 33701
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/07/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3348718
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHAW, THOMAS C 605 EAST ROBINSON STREET STE 510 ORLANDO FL 32801		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	JOY Matthews <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, MARILU	1.2 NAME	800 Beach Dr. NE #12
STREET ADDRESS	4101 WINNERS CIRCLE #124	1.3 STREET ADDRESS	St. Petersburg FL. 33701 (D)
CITY-ST-ZIP	SARASOTA FL 32438	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINALDI, MARGARET	2.2 NAME	
STREET ADDRESS	1717 9TH ST N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTRELL, MARK	3.2 NAME	
STREET ADDRESS	833 OAK STREET NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, CAREY	4.2 NAME	
STREET ADDRESS	2917 JEAN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	833 OAK STREET NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARMIENTO, MARGARITA	6.2 NAME	
STREET ADDRESS	6923 LAKE PLACE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 3/22/99 727 823 0422  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)