

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91006 001 ****61.25

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DOCUMENT # N95000005853 1. Entity Name BRIDGE BUILDERS ASSISTANCE FUND, INC.					
Principal Place of Business 1410 9TH ST N SAINT PETERSBURG FL 33704			Mailing Address PO BOX 76284 ST. PETERSBURG FL 33734		
2. Principal Place of Business 2411 1ST AVENUE N.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. PETERSBURG, FL		City & State			
Zip 33713		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent EATON, CHRIS 833 OAK ST NE SAINT PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURT, KIMBERLY 19343 YELLOW SCHOOLHOUSE RD ROUND HILL, VA 20141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HURST, KIMBERLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTRELL, MARK 833 OAK STREET NE ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTRELL, MARK 54 BROCKTON AVENUE HAVERHILL, MA 01830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSARO, DENNIS 525 GRNRY AVE #2A GLENDALE HEIGHTS, IL 60139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSARO, DENNIS 1232 Reading Ct. Wheaton, IL 60187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD EATON, CHRISTOPHER 833 OAK STREET NE ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSEY, JEFFREY 1439 8TH AVE W SEATTLE, WA 98119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUSSEY, JEFFREY 1434 8TH AVENUE W. SEATTLE, WA 98119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYRSTRA, ART P.O. BOX 76299 SAINT PETERSBURG, FL 33734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKSTRA, ART 3931 Miramar Way South ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			CHRISTOPHER EATON 4-22-04 727-321-1229 <small>Date Daytime Phone #</small>		