

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000332 (4)
1. Corporation Name

THE BRIDGE FOR HISTORIC PRESERVATION, INC.



Principal Place of Business

Mailing Address

225 COLONY AVENUE
SSIMMEE FL 33474

1625 COLONY AVENUE
KISSIMMEE FL 33474

3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report

4. FEI Number

65-0648998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONAL REGISTERED AGENTS, INC.
501 BRICKELL KEY DRIVE, SUITE 200
MIAMI FL 33131

81 Name

MARTIN E. TERRICO

82 Street Address (P.O. Box Number is Not Acceptable)

4877 LAKE CAULE DR.

83

84 City

Kissimmee

FL

85 Zip Code

34746

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

6/11/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT - CURRENT 9/1/95

1.2 NAME

JUAN F. ROMANOSA

1.3 STREET ADDRESS

1625 COLONY AVE

1.4 CITY - ST - ZIP

Kissimmee FL 34744

2.1 TITLE

Director

2.2 NAME

JAMES A. GORDON

2.3 STREET ADDRESS

3835 HAROLD AVE

2.4 CITY - ST - ZIP

Ft. Myers FL 33901

3.1 TITLE

Director

3.2 NAME

JAMES D. WHISENAND

3.3 STREET ADDRESS

501 BRICKELL KEY DR SUITE 200

3.4 CITY - ST - ZIP

Miami FL 33131

4.1 TITLE

Director

4.2 NAME

MARTIN E. TERRICO

4.3 STREET ADDRESS

4877 LAKE CAULE DR

4.4 CITY - ST - ZIP

Kissimmee FL 34746

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN F. ROMANOSA

6/14/96

407 396 8427

6/14/96

407 847 7892

0018500

CR2E037 (3/96)