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Jan 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

**1625 COLONY AVENUE
KISSIMMEE FL 33474**

Mailing Address

**1625 COLONY AVENUE
KISSIMMEE FL 34744-4004**



3. Date Incorporated or Qualified
12/26/1995

3a. Date of
06

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0648998

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

9. Name and Address of Current Registered Agent

**TERRICO, MARTIN E
4877 LAKE GUILLE DRIVE
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81 Name **MARTIN E. TERRICO**

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

83 **4877 LAKE Cecile Drive**

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 **Martin E. Terrico**

Martin E. Terrico

1/7/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ROMAGOSA, JUAN F | |
| STREET ADDRESS | 1625 COLONY AVENUE | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GORDON, JAMES A | |
| STREET ADDRESS | 3835 HAROLD AVENUE | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WHISENAND, JAMES D | |
| STREET ADDRESS | 501 BRICKELL KEY DR SUITE 200 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TERRICO, MARTIN E | |
| STREET ADDRESS | 4877 LAKE CIRCLE DRIVE | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | MARTIN E. TERRICO |
| 4.3 STREET ADDRESS | 4877 LAKE CECILE DR |
| 4.4 CITY-ST-ZIP | KISSIMMEE FL 34746 |
| 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: **Martin E. Terrico** *Martin E. Terrico*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 (407) 396-8427

Date

Daytime Phone # **0069931**

CR2E037 (9/96)