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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000000332 (4) DOCUMENT

THE BRIDGE FOR HISTORIC PRESERVATION, INC.

Principal Place of Business Mailing Address 1625 COLONY AVENUE 1625 COLONY AVENUE 3. Date Incorporated or Qualified KISSIMMEE FL 33474 KISSIMMEE FL 33474 <u> 12/26/1995</u> 4. FEI Number Applied For 65-0648998 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 23 Country Zip Country Ζp 8. This corporation owes or has paid the current year intaggible Yes Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TERRICO, MARTIN E 82 Street Address (P.O. Box Number is Not Acceptable) 4877 LAKE CECILE DRIVE 83 KISSIMMEE FL 34746 84 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change TITLE 1.1 TITLE ROMAGOSA, JUAN F 1.2 NAME NAME 1625 COLONY AVENUE 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME GORDON, JAMES A 2.2 NAME 3835 HAROLD AVENUE STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE WHISENAND, JAMES D 3.2 NAME NAME 501 BRICKELL KEY DR SUITE 200 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME TERRICO, MARTIN E 4. 2 NAME 4877 LAKE CECILE DRIVE 4.3 STREET ADORESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ___ Addition NAME 6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1467 396 8421

FILED

Jan 27 1998 8:00am

Secretary of State