
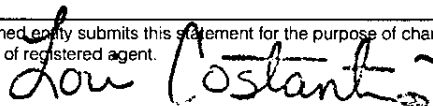


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90082 021 ****61.25

DOCUMENT # N96000001343					
1. Entity Name BRIDGES OF AMERICA - POST TRANSITIONAL HOUSING SERVICES, INC.					
Principal Place of Business 2011 MERCY DR. ORLANDO, FL 32808-5629			Mailing Address 2011 MERCY DR. ORLANDO, FL 32808-5629		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3366723	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COSTANTINO, FRANK 2055 MERCY DR ORLANDO, FL 32808-5629				7. Name and Address of New Registered Agent Name <u>Costantino, Frank</u> Street Address (P.O. Box Number is Not Acceptable) <u>2011 Mercy Drive</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32808</u>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE <u>4/19/2004</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COSTANTINO, FRANK	NAME	Charles Brown		
STREET ADDRESS	2011 MERCY DR.	STREET ADDRESS	2011 Mercy Drive		
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	Orlando, Fl. 32808		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCMURTRY, GRADY	NAME			
STREET ADDRESS	4698 HALL RD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32817	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, DON	NAME			
STREET ADDRESS	6325 WHIP-O-WILL LANE	STREET ADDRESS			
CITY-ST-ZIP	ST CLOUD, FL 34771	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POITRAS, EDWARD W	NAME			
STREET ADDRESS	27 LAKE HAMILTON BEACH	STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRISON, BEN	NAME			
STREET ADDRESS	PO BOX 279	STREET ADDRESS			
CITY-ST-ZIP	BRYSON CITY, NC 28713	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COSTANTINO, LORI-BROWN	NAME			
STREET ADDRESS	2011 MERCY DR.	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP			
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: <u>Lou Costantino-Brown</u> <u>4/19/04</u> <u>407-291-1500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					