

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90033 019 \*\*\*\*61.25

60015858



01032006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N96000001343</b> 1. Entity Name <b>BRIDGES OF AMERICA - POST TRANSITIONAL HOUSING SERVICES, INC.</b>					
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 2001 Mercy Drive Suite, Apt. #, etc. <b>Suite 101</b> City & State <b>Orlando, FL</b> Zip <b>32808</b>		3. Mailing Address 2001 Mercy Drive Suite, Apt. #, etc. <b>Suite 101</b> City & State <b>Orlando, FL</b> Zip <b>32808</b>		4. FEI Number <b>59-3366723</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COSTANTINO, FRANK</b> <b>2011 MERCY DRIVE</b> <b>ORLANDO, FL 32808</b>				7. Name and Address of New Registered Agent Name <b>Costantino, Bishop Frank</b> Street Address (P.O. Box Number is Not Acceptable) <b>2001 Mercy Drive</b> Suite <b>Suite 101</b> City <b>Orlando</b>	
State <b>FL</b>					
Zip Code <b>32808</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COSTANTINO, FRANK</b> <b>2011 MERCY DR.</b> <b>ORLANDO, FL 32808</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BROWN, CHARLES</b> <b>2011 MERCY DRIVE</b> <b>ORLANDO, FL 32808</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COSTANTINO, LORI-BROWN</b> <b>2011 MERCY DR.</b> <b>ORLANDO, FL 32808</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Costantino, Bishop Frank</b> <b>2001 Mercy Drive, Suite 101</b> <b>Orlando, FL 32808</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Brown, Charles</b> <b>2001 Mercy Drive, Suite 101</b> <b>Orlando, FL 32808</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Costantino, Brown, LORI</b> <b>2001 Mercy Drive, Suite 101</b> <b>Orlando, FL 32808</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information provided with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
Date <b>2/13/06</b> Daytime Phone # _____					

ATTACHMENT  
BRIDGES OF

60015858  
#1096000001343

BISHOP FRANK COSTANTINO  
PRESIDENT



*"A Wholistic Twelve Step Treatment Program"*

February 13, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find our 2006 Not-for-Profit Corporation Annual Reports. Last year we made changes that were not reflected on these reports.

Please insure that all changes are made accordingly.

Thank you.

Marvel Quiyedo

Controller