

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000001343

1. Entity Name
**BRIDGES OF AMERICA - POST TRANSITIONAL
HOUSING SERVICES, INC.**



Principal Place of Business
**2001 MERCY DR. #101
ORLANDO, FL 32808-5629**

Mailing Address
**2001 MERCY DR. #101
ORLANDO, FL 32808-5629**



03212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3366723

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOWMAN, WILLIAM R JR.
SHUFFIELD LOWMAN & WILSON, P.A.
1000 LEGION PLACE, STE. 1700
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, CHARLES 5519 BAY SIDE DR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COSTANTINO-BROWN, LORI 5519 BAY SIDE DR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAVIDSON, SCOTT C 9259 LAKE FISCHER BLVD. GOTHA, FL 34734
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/10/07-80044-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied 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 address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07

Date

Daytime Phone # _____