


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90029 023 \*\*\*\*61.25

<b>DOCUMENT # N96000001343</b>					
<b>1. Entity Name</b> BRIDGES OF AMERICA - POST TRANSITIONAL HOUSING SERVICES, INC.					
<b>Principal Place of Business</b> 2001 MERCY DR. #101 ORLANDO, FL 32808-5629			<b>Mailing Address</b> 2001 MERCY DR. #101 ORLANDO, FL 32808-5629		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3366723	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LOWMAN, WILLIAM R JR. SHUFFIELD LOWMAN & WILSON, P.A. 1000 LEGION PLACE, STE. 1700 ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> TD	<b>NAME</b> BROWN, CHARLES	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5519 BAY SIDE DR.	ORLANDO, FL 32819		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b> PD	<b>NAME</b> COSTANTINO-BROWN, LORI	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5519 BAY SIDE DR.	ORLANDO, FL 32819		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b> SD	<b>NAME</b> DAVIDSON, SCOTT C	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9259 LAKE FISCHER BLVD.	GOTHIA, FL 34734		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY - ST - ZIP		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY - ST - ZIP		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY - ST - ZIP		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>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 an address, without other line empowered.</b>					
<b>SIGNATURE:</b> <i>Don Costantino</i>			4/21/08 407-211-1522		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		