

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

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

DOCUMENT # N96000001344

1. Entity Name
BRIDGES OF AMERICA - THE PINELLAS BRIDGE, INC.



Principal Place of Business

2001 MERCY DR
SUITE 101
ORLANDO, FL 32808

Mailing Address

2001 MERCY DR
SUITE 101
ORLANDO, FL 32808



03212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3366721

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, SUITE 1700
ORLANDO, FL 32801

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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 PD
NAME COSTANTINO-BROWN, LORI
STREET ADDRESS 5519 BAY SIDE DRIVE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE SD
NAME MCMURTRY, GRADY S
STREET ADDRESS 4698 HALL RD
CITY-ST-ZIP ORLANDO, FL 32817

TITLE D
NAME MADOUSE, PATTRICIA
STREET ADDRESS 8085 N. CADIZ COURT
CITY-ST-ZIP ORLANDO, FL 32836

TITLE D
NAME BROWN, CHARLES
STREET ADDRESS 5519 BAY SIDE DRIVE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE TD
NAME BROWN, DONALD S
STREET ADDRESS 6325 WHIP-O-WILL LANE
CITY-ST-ZIP ST. CLOUD, FL 34771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000687570
04/10/07-80044-016 61.25

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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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori Costantino
3/29/07

Date

Daytime Phone # _____