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May 18 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003086 (3)  
1. Corporation Name

THE BRIDGEWAY FOUNDATION, INCORPORATED

Principal Place of Business

137 HOSPITAL DR.  
FT. WALTON BEACH FL 32548

Mailing Address

137 HOSPITAL DR.  
FT. WALTON BEACH FL 32548



3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

59-3350864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

COBBS, W. DANIEL CHE  
137 HOSPITAL DR.  
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME COBBS, W. DANIEL CHE  
STREET ADDRESS 137 HOSPITAL DR.  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE TD  
NAME BROWN, BRENDA D CPA  
STREET ADDRESS 137 HOSPITAL DR.  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE SD  
NAME SCHJOTT, DAVID MA, MS  
STREET ADDRESS 137 HOSPITAL DR.  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE T  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE P/T  
4.2 NAME COMBS-SANDERS, DR. KARYN  
4.3 STREET ADDRESS 200 GAFFNEY RD  
4.4 CITY-ST-ZIP EGLIN AFB FL 32542

5.1 TITLE V/T  
5.2 NAME HILL, DR. JAMES L.  
5.3 STREET ADDRESS 232 STEPHEN AVE  
5.4 CITY-ST-ZIP MARY ESTHER FL 32569

6.1 TITLE T/T  
6.2 NAME BOWERS, RUTH T.  
6.3 STREET ADDRESS 815-B BEAL PKWY NW  
6.4 CITY-ST-ZIP FT WALTON BEACH FL 32547

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076333

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