

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003086

FILED
Sep 03, 2009
Secretary of State

Entity Name: THE CHILDREN'S FOUNDATION OF BRIDGEWAY, INC.

Current Principal Place of Business:

137 HOSPITAL DR.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

137 HOSPITAL DR.
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3350864 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LOCHT, KEVIN
Address: 644 D-1 ANCHORS STREET
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: VT () Delete
Name: MORRIS, JON
Address: 786 BLVD. OF THE CHAMPIONS
City-St-Zip: SHALIMAR, FL 32579

Title: STT () Delete
Name: HOWELL, MICHAEL
Address: 83 B JACKSONS RUN
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DT () Delete
Name: COLLINS, B J
Address: 303 HUNTER PL. NE
City-St-Zip: FT WALTON BCH, FL 32547

Title: T () Delete
Name: KISE, JOYCE
Address: 33 WARWICK DRIVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KISER, JOYCE
Address: 33 WARWICK DRIVE
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HOWELL

Electronic Signature of Signing Officer or Director

STT

09/03/2009

_____ Date