FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700002983

Corporation Name

THE JEAN S. AND SCOTT R. BRIDGE CHARITABLE FOUND ATION, INC.

Principal Place of Business
1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

1201 GEORGE BUSH BLVD DELRAY BEACH FL 33483

FILED Mar 14, 1999 8:00 am § Secretary of State

03-14-1999 90012 009 ****61.25



3. Date Incorporated or Qualifed

05/23/1997

Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Ap	plied For	
2	27				65-0760738	No	t Applicable	
City & Stat	ө	City & State			5. Certificate of Status Desired	\$8.75 A	Additional a	
Zip	Country	Zip	Countr	у	6. Election Campaign Financing	\$5.00	May Re	
4	25	29	30		Trust Fund Contribution	Added		
	9. Name and Address of Current		1921		10. Name and Address of New Regi	stered Agent		
		 	81	l Name				
CHAPIN, ROBERT D 1201 GEORGE BUSH BLVD DELRAY BEACH FL 33483				82 Street Address (P.O. Box Number is Not Acceptable)				
				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				City		FL " '	Code	
office or r	egistered agent, or both, in the State of	of Florida. Such change was a	authorized by	v the corporati	poration submits this statement for the purpon's board of directors. I hereby accept the	oose of changing its e appointment as re	registered gistered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 617.0503, Fk	orida Statute	S .				
SIGNATURE		100	F. D		od when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered Age	ant signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	DP OFFICERS AND	DELETE	1.1 TITLE	Γ		Change	Addition	
i			1.2 NAME			_ ,	_	
NAME	BRIDGE, SCOTT R							
STREET ADDRESS	980 CHANEY ROAD			ET ADDRESS				
CITY-ST-ZIP	ASHEBORO NC 27203	☐ DELETE		ST-ZIP		Change	Addition	
TITLE	DVP	I DELETE	2.1 TITLE			□ Citatige		
NAME	OAKLEY, SUZANNE B		2.2 NAME					
STREET ADDRESS	243 WHITE OAK SHADE RD		2.3 STREE	ET ADDRESS				
CITY-ST-ZIP	NEW CANANN CT 06840		2.4 CITY-	ST-ZIP		C (harda	- Addisin	
TITLE	DS	☐ DELETE	3.1 TITLE	1		☐ Change	Addition	
NAME	CHAPIN, ROBERT D		3.2 NAME					
STREET ADDRESS	1201 GEORGE BUSH BLVD		3.3 STREE	ET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33483		3.4. CITY-	ST-ZIP		*		
TITLE		☐ DELETE	4.1 TTTLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u>.</u>			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition Addition	
NAME			6.2 NAME		•	•		
STREET ADDRESS			6.3 STREE	ET ADORESS		-		
			6.4 CITY-	ST-ZIP				
CITY-ST-ZIP		h this files does not qualify fo		1	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the i	information	

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 of 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, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

561-272-1225

CRZEUS/ (1