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Jul 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moore</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003788

1. Corporation Name

Bridging The Gap Group Home, Inc.

Principal Place of Business

222 Palmacea rd.  
Fort Myers, FL  
33905

Mailing Address

P.O. Box 2786  
Fort Myers, FL  
33902

3. Date Incorporated or Qualified

June 30, 1997

4. FEI Number

650768228

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

21 Same

Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

Rosco Thurman  
222 Palmacea Rd  
Fort Myers FL 33905

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 617.0502, Florida Statutes.

SIGNATURE Rosco Thurman

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 President/Director ☐ DELETE

NAME Rosco Thurman

STREET ADDRESS 222 Palmacea rd.

CITY-ST-ZIP Fort Myers, FL 33905

TITLE Vice-President/Director ☐ DELETE

NAME Audry Watkins

STREET ADDRESS P.O. Box 52

CITY-ST-ZIP Fort Myers, FL 33902

TITLE Secretary ☐ DELETE

NAME Lavern Hudson

STREET ADDRESS 3274 C. St.

CITY-ST-ZIP Fort Myers, FL 33916

TITLE Director ☐ DELETE

NAME Betty Collins

STREET ADDRESS 4926 Gary Dr.

CITY-ST-ZIP Fort Myers, FL 33905

TITLE Director/Secretary ☐ DELETE

NAME Coliss Watkins

STREET ADDRESS P.O. Box 52

CITY-ST-ZIP Fort Myers, FL 33902

TITLE Director ☐ DELETE

NAME Richard Smith

STREET ADDRESS 303 Clara St.

CITY-ST-ZIP Fort Myers, FL 33905

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

4-28-98

941-643-5149

CR2E037 (10/97)