

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003788

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: BRIDGING THE GAP, INC.

Current Principal Place of Business:

222 PALMACEA ROAD
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2786
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 65-0768228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THURMAN, ROSCO
222 PALMACEA ROAD
FORT MYERS, FL 33905 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: D () Delete
Name: THURMAN, ROSCO
Address: 222 PALMACEA ROAD
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: WATKINS, AUDREY
Address: POST OFFICE BOX 52 N/A
City-St-Zip: FORT MYERS, FL 33902

Title: D () Delete
Name: COLLINS, BETTY
Address: 4926 GARY DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: SMITH, RICHARD
Address: 303 CLARA STREET
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: WATKINS, CORLISS
Address: POST OFFICE BOX 52 N/A
City-St-Zip: FORT MYERS, FL 33902

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROSCO THURMAN

PRES

04/29/2002

Electronic Signature of Signing Officer or Director

Date