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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000002681

1. Corporation Name

THE BRIDGE PROJECT INC.

Principal Place of Business

7500 TALLEY ANN DRIVE  
TALLAHASSEE FL 32311

Mailing Address

7500 TALLEY ANN DRIVE  
TALLAHASSEE FL 32311



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

59-3553420

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

9. Name and Address of Current Registered Agent

WOLFFORK, ROBERT  
MURPHY HOUSE  
317 E. PARK AVE  
TALLAHASSEE FL 32301-1513

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LINDA R. PROVITT  
STREET ADDRESS 7500 Talley Ann Dr  
CITY-ST-ZIP Tallahassee, FL 32311

TITLE ☐ DELETE

NAME Rev. Robert D. Provitt  
STREET ADDRESS 7500 Talley Ann Dr.  
CITY-ST-ZIP Tallahassee, FL 32311

TITLE ☐ DELETE

NAME LINDA R. PROVITT  
STREET ADDRESS 7500 Talley Ann Dr.  
CITY-ST-ZIP Tallahassee, FL 32311

TITLE ☐ DELETE

NAME Rev. Robert D. Provitt  
STREET ADDRESS 7500 Talley Ann Dr.  
CITY-ST-ZIP Tallahassee, FL 32311

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Lakeisha Henderson  
1.3 STREET ADDRESS 1800 N. G. S. Commons  
1.4 CITY-ST-ZIP Ste. 305 Tallahassee, FL 32308

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda R. Provitt  
7/23/99 850-636-6920

0009505

CR2E037 (11/98)