

6S241999-90026-015-\$61.25-\$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000003982

1. Corporation Name

THE BRIDGE OF FAITH, INC.

Principal Place of Business

2100 DUNN AVE
JACKSONVILLE FL 32218

Mailing Address

2100 DUNN AVE
JACKSONVILLE FL 32218

FILED

99 OCT -5 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/24/99 90026 015 \$61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
2b. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	07/08/1998
2c. City & State	2c. City & State	4. FEI Number
2d. Zip	2d. Zip	☒ Applied For ☐ Not Applicable
2e. Country	2e. Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
2f. Country	2f. Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMAS, DAVE M
3938 MURFIELD BLVD EAST
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 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 officers and directors.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

KE