

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000003982

1. Entity Name:

THE BRIDGE OF FAITH, INC.



FILED

2007 JUL 30 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2100 DUNN AVE
JACKSONVILLE FL 32218

Mailing Address

2100 DUNN AVE
JACKSONVILLE FL 32218

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, DAVID M DR
2100 DUNN AVE
JACKSONVILLE FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME THOMAS, DAVID M
STREET ADDRESS 3938 MUIRFIELD BLVD EAST
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME JOHNSON, RICHARD
STREET ADDRESS 2641 EAGLE BAY DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32073

TITLE ☐ Delete
NAME BROWN, ELLIS
STREET ADDRESS 7173 RIDGEGLEN CT
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete
NAME HALL, GARY
STREET ADDRESS 2100 DUNN AVE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete
NAME PINKNEY, FREDERICK
STREET ADDRESS 2100 DUNN AVE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400107462264
CITY-ST-ZIP 08/07/07--01049--019 **183.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David M. Thomas

7/27/07

904-757-3226

7/31/07