2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000004824

1. Entity Name
FIFTY PLUS & BRIDGING, INC.

Principal Place of Business	Mailing Address
C/O TERRILYENE P. NUNEZ 440 NEPTUNE DRIVE, N.E. PALM BAY, FL 32907	C/O TERRILYENE P. NUNEZ 440 NEPTUNE DRIVE, N.E. PALM BAY, FL 32907

04092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3602309
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, TERRILYENE P
440 NEPTUNE DRIVE, N.E.
PALM BAY, FL 32907

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NUNEZ, TERRILYENE P
STREET ADDRESS	440 NEPTUNE DR., N.E.
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	VPD
NAME	WEIR, OLGA
STREET ADDRESS	866 HAWSER ST. NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	SD
NAME	LAWRENCE, IVY
STREET ADDRESS	235 EVERGREEN ST. N.E
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	TD
NAME	HOLDER, HAZELINE
STREET ADDRESS	356 PIPIT ST NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80097-007 61.25

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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: Terrilyene P. Nunez 4/18/06 321 956-9495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #