

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000004824

1. Entity Name
FIFTY PLUS & BRIDGING, INC.



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

Mailing Address
**C/O TERRILYENE P. NUNEZ
440 NEPTUNE DRIVE, N.E.
PALM BAY, FL 32907**



04102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

000000712413
04/26/07-80047-002 70.00

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IN THIS SPACE**

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 Nunez* **TERRILYENE NUNEZ**

4/11/07 321-956-9495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #