

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90285 001 ****61.25

05-02-2008 90285 002 *****8.75

66003472



04162008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3602309 Applied For Not Applicable

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

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

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

C/O IVY LAWRENCE

Suite, Apt. #, etc.

235 EVERGREEN ST NE

City & State

PALM BAY, FL

Zip

32907

Country

BREVARD

3. Mailing Address

C/O IVY LAWRENCE

Suite, Apt. #, etc.

235 EVERGREEN ST NE

City & State

PALM BAY, FL

Zip

32907

Country

BREVARD

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name IVY LAWRENCE

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

235 EVERGREEN STREET. NE

City PALM BAY

FL

Zip Code

32907

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

4/17/2008

Filing Fee is \$61.25
Due by May 1, 2008

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 PD
NAME NUNEZ, TERRILYENE P
STREET ADDRESS 440 NEPTUNE DR., N.E.
CITY-ST-ZIP PALM BAY, FL 32907 ☒ Delete

TITLE VPD
NAME WEIR, OLGA
STREET ADDRESS 866 HAWSER ST. NE
CITY-ST-ZIP PALM BAY, FL 32907 ☒ Delete

TITLE SD
NAME LAWRENCE, IVY
STREET ADDRESS 235 EVERGREEN ST. N.E.
CITY-ST-ZIP PALM BAY, FL 32907 ☒ Delete

TITLE TD
NAME HOLDER, HAZELINE
STREET ADDRESS 356 PIPIT ST NE
CITY-ST-ZIP PALM BAY, FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LAWRENCE, IVY
STREET ADDRESS 235 EVERGREEN ST. NE.
CITY-ST-ZIP PALM BAY, FL 32907 ☐ Change ☒ Addit

TITLE VPD
NAME ANDERSON, DELORES
STREET ADDRESS 1701 MONROVIA ST. NW
CITY-ST-ZIP PALM BAY, FL 32907 ☐ Change ☒ Addit

TITLE SD
NAME TAPPER, ESTELLE
STREET ADDRESS 1671 COUNTRY COVE CIRCLE
CITY-ST-ZIP MALABAR, FL 32950 ☐ Change ☒ Addit

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

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

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:

Ivy Lawrence