

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004824

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: FIFTY PLUS & BRIDGING, INC.

## Current Principal Place of Business:

C/O IVY LAWRENCE  
235 EVERGREEN ST NE  
PALM BAY, FL 32907

## Current Mailing Address:

C/O IVY LAWRENCE  
235 EVERGREEN ST NE  
PALM BAY, FL 32907

## New Principal Place of Business:

C/O DELORES ANDERSON  
1701 MONROVIA ST. NW  
PALM BAY, FL 32907

## New Mailing Address:

C/O DELORES ANDERSON  
1701 MONROVIA ST. NW  
PALM BAY, FL 32907

FEI Number: 59-3602309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAWRENCE, IVY  
235 EVERGREEN ST NE  
PALM BAY, FL 32907 US

## Name and Address of New Registered Agent:

ANDERSON, DELORES  
1701 MONROVIA ST. NW  
PALM BAY, FL 32907 US

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.

SIGNATURE: DELORES ANDERSON

04/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: HOLDER, HAZELINE  
Address: 356 PIPIT ST NE  
City-St-Zip: PALM BAY, FL 32907

Title: PD ( ) Delete  
Name: LAWRENCE, IVY  
Address: 235 EVERGREEN ST NE  
City-St-Zip: PALM BAY, FL 32907

Title: VD ( ) Delete  
Name: ANDERSON, DELORES  
Address: 1701 MONROVIA ST NW  
City-St-Zip: PALM BAY, FL 32907

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, DELORES  
Address: 1701 MONROVIA ST. NW  
City-St-Zip: PALM BAY, FL 32907

Title: VD (X) Change ( ) Addition  
Name: SMITH, GRACE  
Address: 128 DICKINSON ST. NE  
City-St-Zip: PALM BAY, FL 32907

Title: SD ( ) Change (X) Addition  
Name: MULLINGS, GLORIA  
Address: 1067 RIVIERA DRIVE NE  
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELORES ANDERSON

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date