

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768519

Entity Name: BRIDGES BTC FOUNDATION, INC.**Current Principal Place of Business:**1694 CEDAR ST.
ROCKLEDGE, FL 32955-3131**Current Mailing Address:**1694 CEDAR ST.
ROCKLEDGE, FL 32955-3131**FEI Number: 59-2295584****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COOKE, DAVID
1694 CEDAR STREET
ROCKLEDGE, FL 32955 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|------------------------------|
| Title | C |
| Name | COLLINS , SUSAN |
| Address | 152 WINDWARD WAY |
| City-State-Zip: | INDIAN HARBOR BEACH FL 32937 |

| | |
|-----------------|--------------------------|
| Title | SECRETARY |
| Name | MILLER , GEOFF |
| Address | 1227 SOUTH PATRICK DRIVE |
| City-State-Zip: | SATELLITE BEACH FL 32937 |

| | |
|-----------------|--------------------|
| Title | PRESIDENT |
| Name | COOKE , DAVID |
| Address | 1694 CEDAR STREET |
| City-State-Zip: | ROCKLEDGE FL 32955 |

| | |
|-----------------|---------------------|
| Title | T |
| Name | HENN, DANIEL |
| Address | 1824 S. FISKE BLVD. |
| City-State-Zip: | ROCKLEDGE FL 32955 |

| | |
|-----------------|------------------------|
| Title | VC |
| Name | OGLESBY, JONI F |
| Address | 1107 MERRICK AVENUE NW |
| City-State-Zip: | PALM BAY FL 32907 |

I hereby 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 all other like empowered.

SIGNATURE: DAVID COOKE**PRESIDENT/CEO****01/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date