

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006671

**Entity Name:** BRIDGING THE GAP ORGANIZATION INC.

**Current Principal Place of Business:**

2051 NW 207TH STREET  
APT. 114  
MIAMI GARDEN, FL 33056

**Current Mailing Address:**

2051 NW 207TH STREET  
APT. 114  
MIAMI GARDEN, FL 33056 US

**FEI Number:** 30-0406509

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SINGLETON, SHERONNE Y  
3174 STIRLING RD UNIT B5  
HOLLYWOOD, FL 33021 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:** SHERONNE SINGLETON

02/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name SINGLETON, FELTON D  
Address 2051 NW 207TH STREET  
APT. 114  
City-State-Zip: MIAMI GARDEN FL 33056

Title OFFI  
Name ROUSE, BRODERICK  
Address 2841 SW 84TH TERR.  
City-State-Zip: MIRAMAR FL 33025

Title VP  
Name SINGLETON, SHERONNE Y  
Address 3174 STIRLING RD UNIT B5  
City-State-Zip: HOLLYWOOD FL 33021  
  
Title OFFICER  
Name SINGLETON, KAHMARI M  
Address 2226 N CYPRESS BEND RD APT. 408  
City-State-Zip: POMPANO BEACH FL 33069

*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:** SHERONNE SINGLETON

OFFICER

02/18/2024

Electronic Signature of Signing Officer/Director Detail

Date