

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011662

Entity Name: TRUSTBRIDGE, INC.**Current Principal Place of Business:**5300 EAST AVE
WEST PALM BEACH, FL 33407**Current Mailing Address:**5300 EAST AVE
WEST PALM BEACH, FL 33407**FEI Number:** 20-3974015**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'DONNELL, MICHELE
5300 EAST AVENUE
WEST PALM BEACH, FL 33407 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 CEO
Name FIELDING, DAVID C
Address 5300 EAST AVENUE
City-State-Zip: WEST PALM BEACH FL 33407

Title S
Name DAUB, SUSAN
Address 5300 EAST AVENUE
City-State-Zip: WEST PALM BEACH FL 33407

Title VC
Name PEARLMAN NEASE, MARIAN
Address 5300 EAST AVENUE
City-State-Zip: WEST PALM BEACH FL 33407

Title PRESIDENT
Name ALDERSON, PAULA
Address 5300 EAST AVE
City-State-Zip: WEST PALM BEACH FL 33407

Title CFO
Name CALCOTE, RICHARD
Address 5300 EAST AVENUE
City-State-Zip: WEST PALM BEACH FL 33407

Title C
Name MARINO, JOHN
Address 5300 EAST AVENUE
City-State-Zip: WEST PALM BEACH FL 33407

Title T
Name LEVITT, RANDY
Address 5300 EAST AVENUE
City-State-Zip: WEST PALM BEACH FL 33407

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: RICHARD F. CALCOTE**CHIEF FINANCIAL
OFFICER****04/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date