

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003881

Entity Name: BRIDGE DISABILITY NETWORK, INC.**Current Principal Place of Business:**500 NORTH PARK ROAD
HOLLYWOOD, FL 33021**Current Mailing Address:**500 NORTH PARK ROAD
HOLLYWOOD, FL 33021**FEI Number:** 46-5476240**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ADAMS, JANET T
945 NE 121 ST
NORTH MIAMI, FL 33161 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	CHAIRMAN
Name	LETIZIA, PHIL
Address	3418 PIERCE ST
City-State-Zip:	HOLLYWOOD FL 33021

Title	CEO
Name	ADAMS, NANCY P
Address	11525 NE 8 AVE
City-State-Zip:	BISCAYNE PARK FL 33161

Title	PRESIDENT
Name	EBANKS-NUNAIHED, MARY
Address	4408 HARRISON ST
City-State-Zip:	HOLLYWOOD FL 33021

Title	CFO
Name	LOVINE CAREY, ANGELA
Address	5620 SW 38 ST
City-State-Zip:	WEST PARK FL 33023

Title	COO
Name	ALFIERI, FRANK
Address	6270 SHERMAN ST
City-State-Zip:	HOLLYWOOD FL 33024

Title	SECRETARY
Name	SCHUBERT, MELISSA
Address	1175 ROSEWOOD LANE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	ASSIS, JUSSANE
Address	8860 SW 125 TERR
City-State-Zip:	MIAMI FL 33176

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: NANCY P ADAMS**EXECUTIVE DIRECTOR****01/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date