2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003881

Entity Name: BRIDGE DISABILITY NETWORK, INC.

FILED Jan 22, 2024 **Secretary of State** 5705691335CC

Current Principal Place of Business:

4700 SHERIDAN STREET

SUITE J

HOLLYWOOD, FL 33021

Current Mailing Address:

4700 SHERIDAN STREET

SUITE J

HOLLYWOOD, FL 33021 US

FEI Number: 46-5476240 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMS, ANDREW W. 11921 NW 23 ST

PEMBROKE PINES, FL 33026 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: ANDREW ADAMS 01/22/2024

City-State-Zip:

City-State-Zip:

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

CHAIRMAN, DIRECTOR Title Title CEO

LETIZIA, PHIL ADAMS, NANCY P. Name Name Address 4700 SHERIDAN STREET Address 11525 NE 8 AVE

SUITE J

HOLLYWOOD FL 33021 City-State-Zip:

Title CFO, TREASURER Title **PRESIDENT**

Name CAREY, ANGELA LOVINE Name NUNAIHED, MARY EBANKS 4700 SHERIDAN STREET Address

4700 SHERIDAN STREET Address

SUITE J

HOLLYWOOD FL 33021 City-State-Zip:

Title SECRETARY Title COO, VP

Name SCHUBERT, MELISSA ALFIERI, FRANK Name Address 1175 ROSEWOOD LANE

4700 SHERIDAN STREET Address City-State-Zip: WELLINGTON FL 33414

SUITE J

City-State-Zip: HOLLYWOOD FL 33021

8860 SW 125 TERR

Address

BREESE, ANA Title **DIRECTOR** Name

4700 SHERIDAN STREET Name ASSIS, JUSSANE Address

SUITE J

DIRECTOR

SUITE J

BISCAYNE PARK FL 33161

HOLLYWOOD FL 33021

City-State-Zip: HOLLYWOOD FL 33021 MIAMI FL 33176 City-State-Zip:

Continues on page 2

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.

01/22/2024 SIGNATURE: NANCY ADAMS DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Name BREESE, RYAN

4700 SHERIDAN STREET SUITE J Address

City-State-Zip: HOLLYWOOD FL 33021