

2023 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, 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 W. ADAMS

01/30/2023

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 ADAMS**EXECUTIVE DIRECTOR**

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date