FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # 729365 (7)

1. Corporation Name

CROSSWINDS YOUTH SERVICES, INC.

Principal Place of Business	Mailing Address
P O BOX 540625 P. O. BOX 540625 MERRITT ISLAND FL 32954-7625	P O BOX 540625 P. O. BOX 540625 MERRITT ISLAND FL 32954-0625

3. Date Incorporated or Qualified: 04/16/1974
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 23-7376943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOKAY, JANET G
55 N COURTENAY PKY
MERRITT ISLAND FL 32954-7625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, STEVE		1.2 NAME		
STREET ADDRESS	4905 BROOKHAVEN ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAPUTO, JOHN		2.2 NAME		
STREET ADDRESS	1330 CANTERBURY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, MITCHELL		3.2 NAME		
STREET ADDRESS	98 WILLARD ST., SUITE 302		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		3.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	PARKER, J R		4.2 NAME		
STREET ADDRESS	3545 CANAVERAL GROVES BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE	D/P	☑ Change ☐ Addition
NAME	GOERING-NICHOLS, BEVERLY		5.2 NAME	GOERING, BEVERLY	
STREET ADDRESS	640 N. ROBIN WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible signature]

CR2E037 (9/96)