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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32954-7625

3. Date Incorporated or Qualified

04/16/1974

4. FEI Number

23-7376943

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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
NAME **TAYLOR, STEVE**
STREET ADDRESS **4905 BROOKHAVEN ST**
CITY-ST-ZIP **COCOA FL**

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **Itemme, Dave**
1.3 STREET ADDRESS **4670 Dowling Circle**
1.4 CITY-ST-ZIP **Cocoa FL 32927**

TITLE **D** ☒ DELETE
NAME **CAPUTO, JOHN**
STREET ADDRESS **1330 CANTERBURY LANE**
CITY-ST-ZIP **ROCKLEDGE FL**

2.1 TITLE **DS** ☐ Change ☒ Addition
2.2 NAME **Berger, Arthur**
2.3 STREET ADDRESS **8660 Astronaut Blvd, Ste 208**
2.4 CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE **D** ☐ DELETE
NAME **GOLDMAN, MITCHELL**
STREET ADDRESS **98 WILLARD ST., SUITE 302**
CITY-ST-ZIP **COCOA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PARKER, J R**
STREET ADDRESS **3545 CANAVERAL GROVES BLVD.**
CITY-ST-ZIP **COCOA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **DOERING, BEVERLY**
STREET ADDRESS **640 N. ROBIN WAY**
CITY-ST-ZIP **SATELLITE BEACH FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **GOERING, Beverly**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **DT** ☐ Change ☒ Addition
6.2 NAME **Wilson, Shannon**
6.3 STREET ADDRESS **5405 Florida Palm Ave**
6.4 CITY-ST-ZIP **Cocoa, FL 32926**

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/98 (407) 452-0000
Date Daytime Phone # 0020082

CR2E037 (10/97)