

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90058 036 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 729365</b>			
1. Entity Name <b>CROSSWINDS YOUTH SERVICES, INC.</b>			
Principal Place of Business <b>P O BOX 540625 P. O. BOX 540625 MERRITT ISLAND FL 32954-7625</b>		Mailing Address <b>P O BOX 540625 P. O. BOX 540625 MERRITT ISLAND FL 32954-7625</b>	
2. Principal Place of Business <b>1407 Dixon Blvd.</b>		3. Mailing Address <b>1407 Dixon Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Cocoa, FL</b>		City & State <b>Cocoa, FL</b>	
Zip <b>32922</b>	Country <b>USA</b>	Zip <b>32922</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>LOKAY, JANET G 55 MCLEOD MERRITT ISLAND FL 32953</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEMME, DAVE 12 PLANTATION DRIVE #203 VERO BEACH FL 32966</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chairman Cynthia Handley 10 Willow Green Drive Cocoa Beach, FL 32931</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BERGER, ART 627 ADAMS AVE CAPE CANAVERAL FL 32920</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT GOLDMAN, MITCHELL 98 WILLARD ST., SUITE 302 COCOA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC LEHTON, ROBERT 3000 N ATLANTIC AVE STE 102 COCOA BCH FL 32931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Lehton, Robert 3000 N. Atlantic Ave. Ste. 102 Cocoa Beach, FL 32931</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEMYAN, LEONARD 2116 SOUTH BABCOCK STREET MELBOURNE FL 32901</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Jack Parker 3510 Savannah's Trail Merritt Island, FL 32953</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC WILSON, SHANNON 5405 FLORIDA PALM AVE COCOA FL 32926</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chair Wilson, Shannon 5405 Florida Palm Ave. Cocoa, FL 32926</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

12. 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR