

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 729365**

1. Entity Name  
**CROSSWINDS YOUTH SERVICES, INC.**



Principal Place of Business

1407 DIXON BLVD.  
COCOA, FL 32922

Mailing Address

1407 DIXON BLVD.  
COCOA, FL 32922

**FILED**  
**Mar 03, 2008 08:00 AM**  
**Secretary of State**



01172008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7376943**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOKAY, JANET G  
1407 DIXON BLVD  
COCOA, FL 32922

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS  
NAME HEMME, DAVE  
STREET ADDRESS 12 PLANTATION DRIVE #203  
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE D  
NAME HANDLEY, CYNTHIA  
STREET ADDRESS 10 WILLOW GREEN DRIVE  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE DT  
NAME GOLDMAN, MITCHELL  
STREET ADDRESS 98 WILLARD ST., SUITE 302  
CITY-ST-ZIP COCOA, FL

TITLE CH  
NAME LEHTON, ROBERT  
STREET ADDRESS 3000 N ATLANTIC AVE STE 102  
CITY-ST-ZIP COCA BCH, FL 32931

TITLE D  
NAME PARKER, JACK  
STREET ADDRESS 3510 SAVANNAH'S TRAIL  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE D  
NAME WILSON, SHANNON  
STREET ADDRESS 5405 FLORIDA PALM AVE  
CITY-ST-ZIP COCOA, FL 32926

U00000846769  
03/18/08-80042-005 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 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

*Jan Ganth Loxay* **JAN LOKAY** 2/26/08 (321) 4-  
Date Daytime Phone #