2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 729365

Entity Name: CROSSWINDS YOUTH SERVICES, INC.

Current Principal Place of Business:

1407 DIXON BLVD.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1407 DIXON BLVD.
COCOA, FL 32922

New Mailing Address:

FEI Number: 23-7376943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOKAY, JANET G
1407 DIXION BLVD
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DS	( ) Delete
Name:	HEMME, DAVE	
Address:	12 PLANTATION DRIVE #203	
City-St-Zip:	VERO BEACH, FL 32966	
Title:	D	( ) Delete
Name:	HANDLEY, CYNTHIA	
Address:	10 WILLOW GREEN DRIVE	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	DT	( ) Delete
Name:	GOLDMAN, MITCHELL	
Address:	98 WILLARD ST., SUITE 302	
City-St-Zip:	COCOA, FL	
Title:	CH	( ) Delete
Name:	LEHTON, ROBERT	
Address:	3000 N ATLANTIC AVE STE 102	
City-St-Zip:	COCA BCH, FL 32931	
Title:	D	( ) Delete
Name:	PARKER, JACK	
Address:	3510 SAVANNAH'S TRAIL	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:	D	( ) Delete
Name:	WILSON, SHANNON	
Address:	5405 FLORIDA PALM AVE	
City-St-Zip:	COCOA, FL 32926	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	GADODIA, NINA	
Address:	129 LANSING ISLAND DRIVE	
City-St-Zip:	INDIAN HARBOUR BEACH, FL 32937	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CH	(X) Change ( ) Addition
Name:	GOLDMAN, MITCHELL	
Address:	98 WILLARD ST., SUITE 302	
City-St-Zip:	COCOA, FL	
Title:	PCH	(X) Change ( ) Addition
Name:	LEHTON, ROBERT	
Address:	3000 N ATLANTIC AVE STE 102	
City-St-Zip:	COCA BCH, FL 32931	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANET G. LOKAY PRES 04/27/2009

Electronic Signature of Signing Officer or Director — Date