

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003167

FILED
Apr 28, 2012
Secretary of State

Entity Name: CROSSINGS TREATMENT CENTER INC.

Current Principal Place of Business:

1518 N MAGNOLIA AVE
OCALA, FL 34475

New Principal Place of Business:

3501 NE 10TH ST.
OCALA, FL 34470

Current Mailing Address:

1518 N MAGNOLIA AVE
OCALA, FL 34475

New Mailing Address:

3501 NE 10TH ST.
OCALA, FL 34470

FEI Number: 36-4723001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEDINA, HECTOR O
1518 N MAGNOLIA AVE
OCALA, FL 34475 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: CP
Name: MEDINA, LESLIE
Address: 1445 NE 22ND ST
City-St-Zip: OCALA, FL

Title: VC
Name: MEDINA, HECTOR
Address: 7300 NW 58TH TERR
City-St-Zip: OCALA, FL

Title: VPT
Name: MEDINA, HECTOR
Address: 7300 NW 58TH TERR
City-St-Zip: OCALA, FL

Title: DST
Name: MEDINA, RAQUEL A
Address: 7300 NW 58TH TERR
City-St-Zip: OCALA, FL

Title: D
Name: GARRISON, GREGG W
Address: 9 PIKE ST
City-St-Zip: LISBON FALLS, ME

Title: D
Name: KILE, DARA
Address: 1445 NE 22ND ST
City-St-Zip: OCALA, FL 34470

I hereby 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 all other like empowered.

SIGNATURE: HECTOR MEDINA

VC

04/28/2012

Electronic Signature of Signing Officer or Director

Date