

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729365

**Entity Name:** CROSSWINDS YOUTH SERVICES, INC.**Current Principal Place of Business:**1407 DIXON BLVD.  
COCOA, FL 32922**Current Mailing Address:**1407 DIXON BLVD.  
COCOA, FL 32922**FEI Number:** 23-7376943**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOKAY, JANET G  
1407 DIXON BLVD  
COCOA, FL 32922 US*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

**Officer/Director Detail :**

Title           TREASURER  
Name           GOLDMAN, MITCHELL  
Address        98 WILLARD ST., SUITE 302  
City-State-Zip: COCOA FL

Title           DIRECTOR  
Name           PARKER, JACK  
Address        3260 SAVANNAH'S TRAIL  
City-State-Zip: MERRITT ISLAND FL 32953

Title           PRESIDENT/CEO  
Name           LOKAY, JANET G  
Address        1407 DIXON BLVD.  
City-State-Zip: COCOA FL 32922

Title           DIRECTOR  
Name           CREWS, GREG  
Address        4055 LEONA COURT  
City-State-Zip: MERRITT ISLAND FL 32952

Title           DIRECTOR  
Name           LEHTON, ROBERT  
Address        3000 N ATLANTIC AVE STE 102  
City-State-Zip: COCA BCH FL 32931

Title           DIRECTOR  
Name           WILSON, SHANNON  
Address        1970 FABIEN CIRCLE  
City-State-Zip: MELBOURNE FL 32940

Title           CHAIRMAN  
Name           SHAH, SUMMIT  
Address        402-A HIGH POINT DRIVE  
                  COCOA  
City-State-Zip: FL FL 32926

Title           DIRECTOR  
Name           HANDLEY, JAMES  
Address        10 WILLOW GREEN DRIVE  
City-State-Zip: COCOA BEACH FL 32931

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*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:** JANET G LOKAY**PRESIDENT/CEO****04/24/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name IVEY, WAYNE  
Address 700 PARK AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR  
Name MALONE, ALISON  
Address 2230 SYKES CREEK DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR  
Name WALTERS, ANDREW  
Address 2290 COLUMBIA BLVD.  
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR  
Name HODGERS, SUSAN HAMMERLING  
Address 1407 DIXON BLVD.  
City-State-Zip: COCOA FL 32922

Title DIRECTOR  
Name JUSTICE, WAYNE  
Address 502 COCOA ISLES BLVD.  
City-State-Zip: COCOA BEACH FL 32931

Title VC  
Name NASH, CHARLES  
Address 440 S BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY  
Name GADODIA, NINA  
Address 129 LANSING ISLAND DRIVE  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title DIRECTOR  
Name GLOVER, BEN  
Address 116 FLUG AVENUE  
City-State-Zip: INDIALANTIC FL 32903