

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002079

**Entity Name:** CROSSROADS HOPE ACADEMY, INC.

**Current Principal Place of Business:**

45991 BERMONT ROAD  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

45991 BERMONT ROAD  
PUNTA GORDA, FL 33982 US

**FEI Number: 81-5467641**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DAVIDSON, JOHN M  
45991 BERMONT ROAD  
PUNTA GORDA, FL 33982 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 P  
Name LOCHE, ERIC  
Address 5199 COLLINGSWOOD BLVD  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name VAN NOSTRAND, KEVIN DR.  
Address 5246 BLACKJACK CIR.  
City-State-Zip: PUNTA GORDA FL 33982

Title VP  
Name SCARRY, DUNCAN  
Address 611 CHARLOTTE ST.  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name DUKE, JANIE  
Address 158 BANGSBERG ROAD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title D  
Name CALLAGHAN, KEITH  
Address 439 SAN CRISTOBAL AVE.  
City-State-Zip: PUNTA GORDA FL 33983

Title D  
Name CASARELLA, MIKE  
Address 7474 UTILITIES ROAD  
City-State-Zip: PUNTA GORDA FL 33982

Title TREASURER  
Name JAMES, BILL  
Address 1086 YORKSHIRE STREET  
City-State-Zip: PORT CHARLOTTE FL 33952

Title D  
Name SWIFT, LEE  
Address P.O. BOX 1745  
City-State-Zip: PUNTA GORDA FL 33951

**Continues on page 2**

*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: JOHN DAVIDSON**

**CEO**

**01/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name IVANKOVIC, DAVID  
Address 353 MARY STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name KIZER, GARRETT  
Address 5447 SEA EDGE DRIVE  
City-State-Zip: PUNTA GORDA FL 33950

Title CEO  
Name DAVIDSON, JOHN  
Address 1626 VIA DOLCE VITA  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name LEONTITSIS, CARRIE  
Address 416 ORINOCO STREET  
City-State-Zip: PUNTA GORDA FL 33983

Title DIRECTOR  
Name NIX JR., DANNY  
Address 27920 JONES LOOP ROAD  
City-State-Zip: PUNTA GORDA FL 33982