

2024 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:

PO BOX 510267
PUNTA GORDA, FL 33951 US

FEI Number: 81-5467641

Certificate of Status Desired: No

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 PRESIDENT
Name SCARRY, DUNCAN
Address 21391 HARBORSIDE BLVD
City-State-Zip: PORT CHARLOTTE FL 33952

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

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

Title DIRECTOR
Name FREELAND, CHRIS
Address 1950 JAMAICA WAY
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 LUEPNITZ, BRAD
Address 25400 TETHER
City-State-Zip: PUNTA GORDA FL 33983

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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: JOHN DAVIDSON

EXECUTIVE DIRECTOR

01/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARTIN, MIKE
Address 425 CROSS STRETE
 114
City-State-Zip: PUNTA GORDA FL 33950

Title SECRETARY
Name KLEIN, THOMAS
Address 2208 CASTILLO AVE
City-State-Zip: PUNTA GORDA FL 33950