

2020 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: 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 DIRECTOR
Name LOCHE, ERIC
Address 5199 COLLINGSWOOD BLVD
City-State-Zip: PORT CHARLOTTE FL 33948

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

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

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

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

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

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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

01/13/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name LUEPNITZ, BRAD
Address 25400 TETHER
City-State-Zip: PUNTA GORDA FL 33983

Title DIRECTOR
Name VAN NOSTRAND, COURTNEY
Address 5246 BLACKJACK CIRCLE
City-State-Zip: PUNTA GORDA FL 33982

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

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

Title DIRECTOR
Name CROUCH, RANDY
Address 166 CROOP LANE SE
City-State-Zip: PORT CHARLOTTE FL 33952