

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90423 044 ****70.00



DOCUMENT # N00000007717
1. Entity Name
CROSS CITY MANOR, N.P. INC.

Principal Place of Business *new address* Mailing Address
401 STOCKADE ROAD *257 SE 45th Ave* P.O. 2542
CROSS CITY FL 32628 *Cross City, FL* CROSS CITY FL 32628
32628



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **59-3674105** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADKINS, JIMMIE J
401 STOCKADE ROAD
CROSS CITY FL 32628

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADKINS, JIMMIE J <i>new address</i> <input type="checkbox"/> Delete 401 STOCKADE ROAD <i>257 S.E. 45th Ave</i> CROSS CITY FL 32628 <i>Cross City FL 32628</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADKINS, VICTOR <i>new</i> <input type="checkbox"/> Delete 401 STOCKADE ROAD <i>257 S.E. 45th Ave</i> CROSS CITY FL 32628 <i>Cross City FL 32628</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADKINS, NANCY <i>new</i> <input type="checkbox"/> Delete 401 STOCKADE ROAD <i>257 S.E. 45th Ave</i> CROSS CITY FL 32628 <i>Cross City FL 32628</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Jimmie J Adkins* *4-12-06 352198 7158*