

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007717

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** CROSS CITY MANOR, N.P. INC.

**Current Principal Place of Business:**

257 SE 45 AVE  
CROSS CITY, FL 32628

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. 2542  
CROSS CITY, FL 32628

**New Mailing Address:**

FEI Number: 59-3674105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADKINS, JIMMIE J  
257 S.E. 45TH AVE.  
CROSS CITY, FL 32628 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ADKINS, JIMMIE J  
Address: 257 SE 45 AVE  
City-St-Zip: CROSS CITY, FL 32628

Title: D  
Name: ADKINS, VICTOR  
Address: 257 SE 45 AVE  
City-St-Zip: CROSS CITY, FL 32628

Title: D  
Name: ADKINS, NANCY  
Address: 257 SE 45 AVE  
City-St-Zip: CROSS CITY, FL 32628

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: JIMMIE J.ADKINS

OWNE

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date