

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004993

FILED
Apr 30, 2003
Secretary of State

Entity Name: CROSS WALK LEADERSHIFT, INC.

Current Principal Place of Business:

270 EAST SEMINOLE AVENUE
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

270 EAST SEMINOLE AVENUE
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3731836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDMANN, CARLOTTA P
270 EAST SEMINOLE AVENUE
MONTICELLO, FL 32344

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: DPST () Delete
Name: WALDMANN, CARLOTTA P
Address: 270 EAST SEMINOLE AVENUE
City-St-Zip: MONTICELLO, FL 32344

Title: DV () Delete
Name: WALDMANN, LOUIS F III
Address: 270 EAST SEMINOLE AVENUE
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: SMITH, DONNA E
Address: 5657 RUSTIC DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: GRAHAM, GLORIA J
Address: 1599 SPRINGHOLLOW ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: MORRIS, MARCUS D PASTOR
Address: 103 GROVE AVENUE
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: GRAHAM, MARVIN PASTOR
Address: 1599 SPRINGHOLLOW ROAD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, DONNA E
Address: 1215 PALM AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: MORRIS, CHERI
Address: 103 GROVE AVENUE
City-St-Zip: PERRY, FL 32348

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MACK, GENEVIEVE E
Address: 43 GLORIA PLACE
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONNA E. SMITH

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date