

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90075 035 \*\*\*\*61.25

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<b>DOCUMENT # N02000004888</b> 1. Entity Name <b>CROSS-WALK CENTER FOR YOUTH AND COMMUNITY DEVELOPMENT, INC.</b>					
Principal Place of Business <b>510 S LAWRENCE BLVD KEYSTONE HEIGHTS, FL 32656</b>			Mailing Address <b>510 S LAWRENCE BLVD KEYSTONE HEIGHTS, FL 32656</b>		
2. Principal Place of Business <b>50 SE, 75 STREET</b>		3. Mailing Address <b>50 SE, 75 STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>STARKE, FL</b>		City & State <b>STARKE, FL</b>		4. FEI Number <b>41-2031524</b>	
Zip <b>32091</b>		Country <b>BRADFORD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32091</b>		Country <b>BRADFORD</b>		6. Name and Address of Current Registered Agent <b>TAYLOR, JR, JAMES J 420 SOUTH LAWRENCE BOULEVARD KEYSTONE HEIGHTS, FL 32656</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>GROGAN, MELANIE M</b> <b>6275 PAYNE RD.</b> <b>KEYSTONE HEIGHTS, FL 32656</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>GARVEY, ROBIN</b> <b>6800 SPRING LAKE ROAD</b> <b>KEYSTONE HEIGHTS, FL 32656</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>GARVEY, ROBIN</b> <b>6800 SPRING LAKE RD</b> <b>KEYSTONE HEIGHTS, FL 32656</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>FRAZEL, ROWENA</b> <b>160 MALLORD ROAD</b> <b>GRANDIN, FL 32138</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M</b> <b>STERLING, ROBERT</b> <b>7105 PARADISE RD</b> <b>KEYSTONE HGTS, FL 32656</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M</b> <b>LAKE, KAREN</b> <b>300 SW GARDEN STREET</b> <b>KEYSTONE HEIGHTS, FL 32656</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M</b> <b>TRAZEL, ROWENA</b> <b>160 MALLORD RD</b> <b>GRANDIN, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M</b> <b>MORRIS, DIANA</b> <b>1700 BEACHVIEW STREET</b> <b>KEYSTONE HEIGHTS, FL 32656</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M</b> <b>JUDSON, CINDY</b> <b>7161 GASLINE RD</b> <b>KEYSTONE HGTS, FL 32656</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 Chapter 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.					
<b>SIGNATURE:</b> <u><i>Robin A. Garvey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> <b>1/18/06</b>    <b>352-473-5131</b>  <small>Date    Daytime Phone #</small> </div>		