## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N02000004888  1. Entity Name CROSS-WALK CENTER FOR YOUTH AND COMMUNITY DEVELOPMENT, INC.					01-30-2006 900/3 033 ******61.25					
510 S LAWR	ce of Business ENCE BLVD HEIGHTS, FL 32656		Mailing Address 510 S LAWRENCE BLVD KEYSTONE HEIGHTS, FL 32656			20004090				
2. Principal P 5058 Suite, Apt.	<u></u>	3. Mailing Address 50 SE, 75 Suite, Apt. #, etc.	STR	PEET	04400000	Chg-NP		7 (11/05)		
City & Stat	KE, FL	City & State STARKE, F			4. FEI Number 41-20315	24			oplied For ot Applicable	
3200		32091	Coun	iry DFORD	5. Certificate of 5			<b>\$8.75</b> Add Fee Require		
	6. Name and Address of Current	Registered Agent		Nome	7. Name and Ad	dress of New R	egistered /	lgent		
TAYLOR, JR, JAMES J 420 SOUTH LAWRENCE BOULEVARD				Name Street Address (P.O. Box Number is Not Acceptable)						
KEYSTON	IE HEIGHTS, FL 32656		Ė							
				City			FL	Zip Cod	le	
	named entity submits this statement folions of registered agent.	r the purpose of changing it	ts registered	d office or registe	ered agent, or both, i	n the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE.	<u> </u>					·				
	Signature, typed or printed name of registered agent in	and title if applicable. (NC	TE: Registered A	Agent signature require	ed when reinstating)		DATE			
<del></del>	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2006	9. Election Ca		nancing	\$5.00 May Be Added to Fees		ake check			
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	ampaign Fin	nancing n.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	ake check ida Depart	ment of Si	tate	
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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.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 18 06 352-473-5131