

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004888



1. Entity Name

**CROSS-WALK CENTER FOR YOUTH AND COMMUNITY
DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**50 SE 75 ST
STARKE FL 32091**

**50 SE 75 ST
STARKE FL 32091**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

41-2031524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, JR, JAMES J
420 SOUTH LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 **P** ☐ Delete
NAME **STERLING, BOB**
STREET ADDRESS **7105 PARADISE ROAD**
CITY-STATE-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **VP** ☐ Delete
NAME **LAKE, KARYN**
STREET ADDRESS **300 SW GARDEN STREET**
CITY-STATE-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **M** ☐ Delete
NAME **SIMPSON, SUSAN**
STREET ADDRESS **150 PEACH STREET**
CITY-STATE-ZIP **KEYSTONE HGTS FL 32656**

TITLE **M** ☐ Delete
NAME **RABB, ROBIN**
STREET ADDRESS **6715 HWY 21 NORTH**
CITY-STATE-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **M** ☐ Delete
NAME **JUDSON, CINDY**
STREET ADDRESS **7161 GASLINE RD**
CITY-STATE-ZIP **KEYSTONE HGTS FL 32656**

TITLE **M** ☐ Delete
NAME **MORRIS, DIANA**
STREET ADDRESS **7700 BEACHVIEW STREET**
CITY-STATE-ZIP **KEYSTONE HEIGHTS FL 32656**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U00000687142
04/10/07-80029-003 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: *Diana S. Morris*

3/29/07

352473-5/31