

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004888

FILED
Aug 27, 2008
Secretary of State

Entity Name: CROSS-WALK CENTER FOR YOUTH AND COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

50 SE 75 ST
STARKE, FL 32091

New Principal Place of Business:

8714 SR 21 NO
MELROSE, FL 32666

Current Mailing Address:

50 SE 75 ST
STARKE, FL 32091

New Mailing Address:

8714 SR 21 NO
MELROSE, FL 32666

FEI Number: 41-2031524 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TAYLOR, JR, JAMES J
420 SOUTH LAWRENCE BOULEVARD
KEYSTONE HEIGHTS, FL 32656 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: P () Delete
Name: STERLING, BOB
Address: 7105 PARADISE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP () Delete
Name: LAKE, KARYN
Address: 300 SW GARDEN STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: M () Delete
Name: SIMPSON, SUSAN
Address: 150 PEACH STREET
City-St-Zip: KEYSTONE HGTS, FL 32656

Title: M () Delete
Name: RABB, ROBIN
Address: 6715 HWY 21 NORTH
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: M (X) Delete
Name: JUDSON, CINDY
Address: 7161 GASLINE RD
City-St-Zip: KEYSTONE HGTS, FL 32656

Title: M (X) Delete
Name: MORRIS, DIANA
Address: 7700 BEACHVIEW STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: M (X) Change () Addition
Name: JUDSON, CINDY
Address: 7161 GASLINE RD
City-St-Zip: KEYSTONE HGTS, FL 32656

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUSAN SIMPSON

M

08/27/2008

Electronic Signature of Signing Officer or Director

Date