


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90035 033 ****61.25

DOCUMENT # N04000002355 1. Entity Name CROSSROADS PREGNANCY CENTER, INC.					
Principal Place of Business P.O. BOX 969 FT WHITE, FL 32038			Mailing Address P.O. BOX 969 FT WHITE, FL 32038		
2. Principal Place of Business 18357 SW State Rd 47 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 969 Suite, Apt. #, etc.			
City & State Fort White, FL Zip 32038		City & State Fort White, FL Zip 32038		4. FEI Number 27-0076247	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTES, M. CATHERINE 18387 SW S.R. 47 FT WHITE, FL 32038				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ESTES, JOHN A 106 SW ALBANY TERR FT WHITE, FL 32038	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRAY, PASTOR FRED 252 WILSON SPRINGS RD FT WHITE, FL 32038	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESTES, M. CATHERINE 106 W ALBANY TERR FT WHITE, FL 32038	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>M Catherine Estes, Director</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-12-05 Daytime Phone # 356-447-4478	