


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90420 002 ****61.25

DOCUMENT # N04000002355 1. Entity Name CROSSROADS PREGNANCY CENTER, INC.																																																																																																																																																					
Principal Place of Business 18387 SW STATE RD 47 FT WHITE, FL 32038			Mailing Address P.O. BOX 969 FT WHITE, FL 32038																																																																																																																																																		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>																																																																																																																																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																																			
City & State 		City & State 		4. FEI Number 27-0076247																																																																																																																																																	
Zip 		Country 		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 <div style="display: flex; justify-content: space-between;"> FL 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)</small>																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>																																																																																																																																																					
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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: <u>M Catherine Estes</u> M Catherine Estes <i>director</i> 2-7-06 386-497-4978 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					