

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90124 010 \*\*\*\*61.25

**DOCUMENT # N04000002355**

1. Entity Name  
**CROSSROADS PREGNANCY CENTER, INC.**



Principal Place of Business  
**19094 SW STATE RD. 47  
FT WHITE, FL 32038**

Mailing Address  
**P.O. BOX 969  
FT WHITE, FL 32038**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**27-0076247**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ESTES, M. CATHERINE  
522 NE 3RD STREET  
TRENTON, FL 32693**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **CD** ☐ Delete  
NAME **ESTES, JOHN A**  
STREET ADDRESS **522 NE 3RD ST**  
CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **D** ☐ Delete  
NAME **MCCRAY, PASTOR FRED**  
STREET ADDRESS **252 WILSON SPRINGS RD**  
CITY-ST-ZIP **FT WHITE, FL 32038**

TITLE **STD** ☐ Delete  
NAME **ESTES, CATHERINE M**  
STREET ADDRESS **522 NE 3RD ST**  
CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **D** ☒ Delete  
NAME **EVERETT, TAYLOR**  
STREET ADDRESS **284 SW BRIGHTON CT**  
CITY-ST-ZIP **FORT WHITE, FL 32038**

TITLE **D** ☒ Delete  
NAME **MEILLEUR, TED PASTOR**  
STREET ADDRESS **9911 SW 54TH LN**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D** ☐ Change ☒ Addition  
NAME **Sandlin, Dorothy**  
STREET ADDRESS **860 SW Washington Ave.**  
CITY-ST-ZIP **Fort white, FL 32038**

TITLE **D** ☐ Change ☒ Addition  
NAME **Jammer, Nikki**  
STREET ADDRESS **3860 SW CR 18**  
CITY-ST-ZIP **Fort white, FL 32038**

TITLE **D** ☐ Change ☒ Addition  
NAME **Tuten SR, J. Earl**  
STREET ADDRESS **209 SW Shiloh St.**  
CITY-ST-ZIP **Fort white, FL 32038**

TITLE **D** ☐ Change ☒ Addition  
NAME **Davis, Karen**  
STREET ADDRESS **321 SW Bobwhite Gln**  
CITY-ST-ZIP **Ft. white, FL 32038**

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

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

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:** *M. Catherine Estes* **M. Catherine Estes**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-08 386-497-4978**  
Date Daytime Phone #