2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# N04000002355

Entity Name: CROSSROADS PREGNANCY CENTER, INC.

Current Principal Place of Business:

19094 SW STATE RD. 47
FT WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 969
FT WHITE, FL 32038

New Mailing Address:

FEI Number: 27-0076247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESTES, M. CATHERINE
522 NE 3RD STREET
TRENTON, FL 32693 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: CD
Name: ESTES, JOHN A
Address: 522 NE 3RD ST
City-St-Zip: TRENTON, FL 32693

Title: D
Name: MCCRAY, PASTOR FRED
Address: 252 WILSON SPRINGS RD
City-St-Zip: FT WHITE, FL 32038

Title: STD
Name: ESTES, CATHERINE M
Address: 522 NE 3RD ST
City-St-Zip: TRENTON, FL 32693

Title: D
Name: SANDLIN, DOROTHY
Address: 860 SW WASHINGTON AVE
City-St-Zip: FORT WHITE, FL 32038

Title: D
Name: JAMMER, NIKKI
Address: 3860 SW CR 18
City-St-Zip: FORT WHITE, FL 32038

Title: D
Name: AVERY, CARRIE S
Address: P. O. BOX 428
City-St-Zip: BELL, FL 32619

I hereby 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 all other like empowered.

SIGNATURE: M CATHERINE ESTES STD 02/17/2011
Electronic Signature of Signing Officer or Director Date