## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002355

FILED Mar 08, 2012 Secretary of State

Entity Name: CROSSROADS PREGNANCY CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

19094 SW STATE RD. 47 19930 N US HIGHWAY 441 UNIT A FT WHITE, FL 32038

HIGH SPRINGS, FL 32643

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 969 P.O. BOX 1139

FT WHITE, FL 32038 HIGH SPRINGS, FL 32655

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:**

ESTES, JOHN A Name: Address: 522 NE 3RD ST City-St-Zip: TRENTON, FL 32693

Title:

Name: SANSCRAINTE, NEIL D Address: 4630 NW 28TH TER City-St-Zip: GAINESVILLE, FL 32605

Title: STD

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

Title:

Name: SANSCRAINTE, LINDSAY M Address: 4630 N 28TH TER City-St-Zip: GAINESVILLE, FL 32605

Title:

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

Title:

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

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 03/08/2012