

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003818

FILED
Oct 14, 2005
Secretary of State

Entity Name: CROSSROADS TREATMENT, RECOVERY AND GUIDANCE CENTER OF OSCEOLA, INC.

Current Principal Place of Business:

2835 AMES HAVEN RD
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2835 AMES HAVEN RD
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 75-3152834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINDSEY, GUY
656 ADRIANE PARK CIR
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

FLIPPO, MICHAEL R
2900 PINERIDGE CIR.
KISSIMMEE, FL 34746 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: MICHAEL R. FLIPPO

10/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: SMITH, JANIS K
Address: 2001 GRANADA BLVD.
City-St-Zip: KISSIMME, FL 34746

Title: VP () Change (X) Addition
Name: FLIPPO, MICHAEL R
Address: 2900 PINERIDGE CIR
City-St-Zip: KISSIMMEE, FL 34746

Title: TREA () Change (X) Addition
Name: HASELDEN, MARY ANN
Address: 1707 ST. TROPEZ CT.
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JANIS K. SMITH

PRES

10/14/2005

Electronic Signature of Signing Officer or Director

Date