

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# N05000003445

Entity Name: CROSS ROAD FOOD BANK, INC.

Current Principal Place of Business:

621 N.W. 6TH AVENUE
P.O. BOX 101055
FORT LAUDERDALE, FL 33310

New Principal Place of Business:

621 N.W. 6TH AVENUE
FORT LAUDERDALE, FL 33311

Current Mailing Address:

621 N.W. 6TH AVENUE
P.O. BOX 101055
FORT LAUDERDALE, FL 33310

New Mailing Address:

P.O. BOX 101055
FORT LAUDERDALE, FL 33310

FEI Number: 20-2444328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, DON
621 N.W. 6TH AVENUE
FORT LAUDERDALE, FL 33310 US

Name and Address of New Registered Agent:

ADAMS, DON
619 N.W. 6TH AVENUE
FORT LAUDERDALE, FL 33311 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:

01/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, DON
Address: 2816 N.W. 29TH
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: FISHER, JOHN
Address: P.O. BOX 101055
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: D () Delete
Name: SIPALA, JOSEPH
Address: 120 E. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D () Delete
Name: MATHISON, KEN
Address: 4145 CYPRESS REACH PORT SUITE 206
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADAMS, DON
Address: 619 N.W. 6 AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D (X) Change () Addition
Name: FISHER, JOHN
Address: 5120 N. FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FIGUEROA, WILSON
Address: 7221 VENETIAN ST. #2
City-St-Zip: MIRAMAR, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DON ADAMS

D

01/04/2006

Electronic Signature of Signing Officer or Director

Date