

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003445

FILED
Jan 05, 2009
Secretary of State

Entity Name: CROSS ROAD FOOD BANK, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 101055
FORT LAUDERDALE, FL 33310

New Mailing Address:

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
619 N.W. 6TH AVENUE
FORT LAUDERDALE, FL 33311 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: P () Delete
Name: ADAMS, DON
Address: 619 N.W. 6 AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () Delete
Name: FISHER, JOHN
Address: 5120 N. FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

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

Title: T () Delete
Name: FIGUEROA, WILSON
Address: 2900 N. 24TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33020

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BOHN, STEVE
Address: 887 PETUNIA DRIVE
City-St-Zip: PLANTATION, FL 33317

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

Title: T (X) Change () Addition
Name: FIGUEROA, WILSON
Address: 2900 N. 24TH AVENUE #8-205
City-St-Zip: FORT LAUDERDALE, FL 33020

Title: S () Change (X) Addition
Name: MORRIS, BARBARA
Address: 1810 S.W. 81 AVENUE #2103
City-St-Zip: NORTH LAUDERDALE, FL 33068

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

P

01/05/2009

Date