

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 15, 2010
Secretary of State

DOCUMENT# N05000003445

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
Name: FIGUEROA, WILSON
Address: 2900 N. 24TH AVENUE #8205
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP
Name: ADAMS, DON
Address: 619 N.W. 6TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP
Name: BOHN, STEVE
Address: 887 PETUNIA DRIVE
City-St-Zip: PLANTATION, FL 33317

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

Title: S,T
Name: MORRIS, BARBARA
Address: 1810 S.W. 81 AVENUE #2103
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: DON ADAMS

VP

09/15/2010

Electronic Signature of Signing Officer or Director

_____ Date