2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N05000008316

Entity Name: CROSSROADS ACADEMY INC

Current Principal Place of Business:

3681 NE 7TH STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

3681 NE 7TH STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-3299844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADAMS, JOHN Q
3021 SW 27TH AVENUE
OCALA, FL 34474 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: PD ( ) Delete
Name: ANDERSON, MARY BETH E
Address: 4610 SE 8TH STREET
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete
Name: MARSHALL, JIM
Address: 4215 SE 12TH ST
City-St-Zip: OCALA, FL 34471

Title: S ( ) Delete
Name: CHETOCK, JAN
Address: 4215 SE 12TH ST
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete
Name: DEMEZA, MICHELLE
Address: 4610 SE 8TH STREET
City-St-Zip: OCALA, FL 34471

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: HS (X) Change ( ) Addition
Name: MARSHALL, JIM
Address: 4215 SE 12TH ST
City-St-Zip: OCALA, FL 34471

Title: HS (X) Change ( ) Addition
Name: CHETOCK, JAN
Address: 4215 SE 12TH ST
City-St-Zip: OCALA, FL 34471

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

Title: S ( ) Change (X) Addition
Name: WEBBER, COLLEEN
Address: 420 NE 52ND COURT
City-St-Zip: OCALA, FL 34470

Title: VP ( ) Change (X) Addition
Name: HENDRICKSON, NANCY
Address: 290 NE 52ND AVE
City-St-Zip: OCALA, FL 34470

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: MARY BETH ANDERSON PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date