

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008316

FILED  
Mar 01, 2012  
Secretary of State

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 ( )

**Name and Address of Current Registered Agent:**

ADAMS, JOHN Q  
910 SW 1ST AVENUE  
SUITE 201  
OCALA, FL 34471 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  
Name: ANDERSON, MARY BETH E  
Address: 4610 SE 8TH STREET  
City-St-Zip: Ocala, FL 34471

Title: T  
Name: DEMEZA, MICHELLE  
Address: 4610 SE 8TH STREET  
City-St-Zip: Ocala, FL 34471

Title: S  
Name: WEBBER, COLLEEN  
Address: 420 NE 52ND COURT  
City-St-Zip: Ocala, FL 34470

Title: VP  
Name: HENDRICKSON, NANCY  
Address: 290 NE 52ND AVE  
City-St-Zip: Ocala, FL 34470

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: MARY BETH ANDERSON

PD

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date