

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009251

FILED
Jul 05, 2007
Secretary of State

Entity Name: CROSSROADS CENTER, INC.

Current Principal Place of Business:

1032 MAR WALT DRIVE
SUITE 240
FORT WALTON BEACH, FL

New Principal Place of Business:

Current Mailing Address:

1032 MAR WALT DRIVE
SUITE 240
FORT WALTON BEACH, FL

New Mailing Address:

1283 N. EGLIN PARKWAY
SUITE, A
SHALIMAR, FL 32579

FEI Number: 20-5518720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HIPSH, WHITNEY
1283 N. EGLIN PARKWAY
SUITE A
SHALIMAR, FL 32579 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: D () Delete
Name: FRANKS, KIM
Address: 70 SUNSET BEACH PLACE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: PERSONS, BOB
Address: 625 ROSEWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: BUCKELEW, BILL
Address: 15 RUE DE LA ROI
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: CAMPBELL, WAYNE
Address: 1000 MAR-WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: CARLTON, LOUIE
Address: 1848 EAGLE LANE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: CARMICHAEL, GAYLE A
Address: 723 MARSH HARBOR DRIVE
City-St-Zip: MARY ESTHER, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: SPENCER, LISA
Address: 1283 N. EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579

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

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

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Name:
Address:
City-St-Zip:

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

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

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: LISA JO SPENCER

P

07/05/2007

Electronic Signature of Signing Officer or Director

Date