

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009251

FILED  
Jan 08, 2008  
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:

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

## New Mailing Address:

FEI Number: 20-5518720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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/P ( ) Delete  
Name: SPENCER, LISA  
Address: 1283 N. EGLIN PARKWAY  
City-St-Zip: SHALIMAR, FL 32579

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

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

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

Title: ( ) Change ( ) Addition  
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

01/08/2008

Electronic Signature of Signing Officer or Director

Date