

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009251

FILED
Mar 03, 2011
Secretary of State

Entity Name: CROSSROADS CENTER, INC.

Current Principal Place of Business:

444 VALPARAISO PKWY
BUILDING C
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

444 VALPARAISO PKWY
BUILDING C
VALPARAISO, FL 32580

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:

PERSONS, ROBERT K
444 VALPARAISO PKWY
BUILDING C
VALPARAISO, FL 32580 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
Name: WALKER, MARTY
Address: 444 VALPARAISO PKWY, BUILDING C
City-St-Zip: VALPARAISO, FL 32580

Title: D
Name: PERSONS, ROBERT K
Address: 625 ROSEWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: CARTER, HERSTEL
Address: 214 S PARTIN DR
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: PLOTT, JOE
Address: 701 FOUNTAIN BLEAU
City-St-Zip: MARY ESTHER, FL 32569

Title: D
Name: ADAMS, HERSHEL
Address: 399 EDGE AVE
City-St-Zip: VALPARAISO, FL 32580

Title: D
Name: HAWKINS, MARY A
Address: 24 FERRY RD NE
City-St-Zip: FT WALTON BEACH, FL 32548

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: HERSHEL ADAMS

DIR.

03/03/2011

Electronic Signature of Signing Officer or Director

_____ Date