

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004047

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** CROSSROADS REGIONAL DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

10448 GALLERIA STREET  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

10448 GALLERIA STREET  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

**FEI Number:** 26-2529003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NICOLAS, MARGARETTE B ESQ.  
10448 GALLERIA STREET  
WEST PALM BEACH, FL 33414 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: P ( ) Delete  
Name: NICOLAS, WADE W DR.  
Address: 10448 GALLERIA STREET  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: VP ( ) Delete  
Name: BIEN AIME, KETLY  
Address: 14345 SW 158TH STREET  
City-St-Zip: MIAMI, FL 33177

Title: VP ( ) Delete  
Name: NICOLAS, MARGARETTE B ESQ.  
Address: 10448 GALLERIA STREET  
City-St-Zip: WEST PALM BEACH, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NICOLAS, W. WADE DR.  
Address: 10448 GALLERIA STREET  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D (X) Change ( ) Addition  
Name: BIEN AIME, KETLY  
Address: 14345 SW 158TH STREET  
City-St-Zip: MIAMI, FL 33177

Title: D (X) Change ( ) Addition  
Name: DORSAINVIL, PIERRE A M.D.  
Address: 10448 GALLERIA STREET  
City-St-Zip: WEST PALM BEACH, FL 33414

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:** W. WADE NICOLAS

DR.

03/20/2009

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

\_\_\_\_\_  
Date