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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N14091

1. Corporation Name

CROSS ROADS WILDERNESS INSTITUTE, INC.

Principal Place of Business
45991 BERMONT ROAD
DUNTA CORDA EL 33992

2. Principal Place of Business

Mailing Address

45991 BERMONT ROAD PUNTA GORDA FL 33982

2a. Mailing Address

FILED Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90111 004 ****61.25

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3. Date Incorporated or Qualifed

03/28/1986

City & State	Suite, Apt.	#, etc.	Suite_Apt. #, etc.	~	motituee3	4. FEI Number		App	lied For
City & STarm pa, FTL 33634 Zip	22		5915 Benjamin	Cent	er Drive	59-2661387		Not	Applicable
Zip Country Zip Country	City & State City & Stampa, F		L 336	34	1				
8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Name 15. Name 16. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes. 16. City 17. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes. The appointment for the purpose of changing its registered of office or registered agent, or both, in the State of Florida Statutes. 18. City 18. City 19. Level of the suppose of changing its registered of office or registered agent, or both, in the State of Florida Statutes. 19. City FL 10. State Address (P.O. Box Number is Not Acceptable) 10. Level of the suppose of changing its registered of office or registered of office or registered of office or registered agent or registered or registered of office or registered of office or registered of office or registered agent or registered or registered of office or registered agent or registered of office or registered of office or registered of the corporation submits this statement for the purpose of changing its registered of office or registered office or registered of office or registered or registered office or registered office or registered office	23 Zip	Country		Country	7	6. Election Campaign Financing		\$5.00 N	lav Be
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	— ·		⊢	- 1	ハ				, ,
HULL, DAVID J AUSLEY LAW FIRM 227 SOUTH CALHOUN ST. TALLAHASSEE FL 32302 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's aboven-defined or registered agent, arm familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, arm familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation's abovaried directors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation's abovaried of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, and accept the obligations of, Section 617 0503, Florida Statutes, and submits this statement for the purpose of changing its registered agent. As corporation's abovaried when corporation's abovaried directors. I hereby accept the appointment as registered agent. As a public statement for the purpose of changing its registered agent. As a corporation's abovaried when corpo	24		<u> </u>	'		<u> </u>	tegistered Ag	ent	
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227 SOUTH CALHOUN ST. TALLAHASSEE FI. 23002 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS SIRECTADRESS S				62	Street Addres	ss (1 .O. Dox Hamber is Hot Accepte	1010)		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	14. I hereby o	ertify that the information supplied with	this filing does not qualify for th	ne exempt	ion stated in Se	ection 119.07(3)(i), Florida Statutes.	I further certify	that the in	formation

26 Associated Marine Institutes
4. FEI Number

tee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the co Block 12 or Block 13 if che

Applied For

= ■idildi

Crossroads Wilderness Institute

45991 Bermont Road, Punta Gorda, FL 33982 -- Tel. (941) 575-5790 -- Fax (941) 575-5792

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Day: (941) 543-2139 Fax: (941) 731-2728

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Mr. S.E. Webb, III (Eddie)

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1625 West Marion Avenue, Suite 6

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Punta Gorda, FL 33982 Day: (941) 637-9799 Fax: (941) 637-9063 Crossroads Wilderness Institute

Page 2

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