

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N14091 1. Entity Name CROSS ROADS WILDERNESS INSTITUTE, INC.	
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Principal Place of Business 45991 BERMONT ROAD PUNTA GORDA, FL 33982	Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2661387	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HULL, DAVID J SMITH, HUSLEY, & BUSEY 225 WATER STREET, STE 1800 JACKSONVILLE, FL 32202
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAXON, DAVID PO BOX 510688 PUNTA GORDA, FL 339510688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WENZEL, MR ROBERT 9400 PIPER ROAD PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSON, LENITA 2400 HARBOR BLVD, STE 9 PT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDER, OB 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEBB, EDDIE 1625 W MARION AVE, SUITE 6 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCQUEEN, ROBERT PO BOX 1305 PUNTA GORDA, FL 33950

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>OB Stander</i> <i>OB Stander</i> 1/15/04 813-887-3302	Date	Daytime Phone #
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