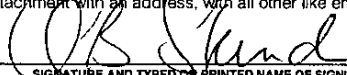


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90202 042 ****61.25

DOCUMENT # N14091 1. Entity Name CROSS ROADS WILDERNESS INSTITUTE, INC.					
Principal Place of Business 45991 BERMONT ROAD PUNTA GORDA, FL 33982			Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HULL, DAVID J SMITH, HUSLEY, & BUSEY 225 WATER STREET, STE 1800 JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAXON, DAVID PO BOX 510688 PUNTA GORDA, FL 339510688	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WENZEL, MR ROBERT 9400 PIPER ROAD PUNTA GORDA, FL 33982	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSON, LENITA 2400 HARBOR BLVD, STE 9 PT CHARLOTTE, FL 33952	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDER, OB 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEBB, EDDIE 1625 W MARION AVE, SUITE 6 PUNTA GORDA, FL 33950	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCQUEEN, ROBERT PO BOX 1305 PUNTA GORDA, FL 33950	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Augustine, Jamie 8000 State Route 31 Punta Gorda, FL 33982	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Libby, W.D. 7474 Utilities Rd Punta Gorda, FL 33982	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monck, Ronald 6175 Riverside Dr. Punta Gorda, FL 33982	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Swift, Lee PO Box 1745 Punta Gorda, FL 33951	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haymans, Kenton H. 9160 Burnt Store Rd. Punta Gorda, FL 33950	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Woodard, Wayne 350 E. Marion Ave Punta Gorda, FL 33950	☐ Change ☒ Addition			
12. 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/26/05 Daytime Phone #					