# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 29, 2007 8:00 am**
**Secretary of State**
03-29-2007 90018 023 ****61.25

DOCUMENT # N14091

1. Entity Name
CROSS ROADS WILDERNESS INSTITUTE, INC.

40044228

| Principal Place of Business | Mailing Address |
|---|---|
| 45991 BERMONT ROAD<br>PUNTA GORDA, FL 33982 | ASSOCIATED MARINE INSTITUTES<br>5915 BENJAMIN CENTER DRIVE<br>TAMPA, FL 33634 |

03192007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| HULL, DAVID J<br>SMITH, HUSLEY, & BUSEY<br>225 WATER STREET, STE 1800<br>JACKSONVILLE, FL 32202 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2007**

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 | D<br>FAXON, DAVID<br>PO BOX 510688<br>PUNTA GORDA, FL 339510688 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DAN LIBBY<br>7474 Utilities Rd.<br>PUNTA GORDA FL 33950 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WENZEL, MR ROBERT<br>9400 PIPER ROAD<br>PUNTA GORDA, FL 33982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HANSON, LENITA<br>2400 HARBOR BLVD, STE 9<br>PT CHARLOTTE, FL 33952 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STANDER, OB<br>5915 BENJAMIN CENTER DRIVE<br>TAMPA, FL 33634 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VP~~<br>WEBB, EDDIE<br>1625 W MARION AVE, SUITE 6<br>PUNTA GORDA, FL 33950 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~D~~<br>MCQUEEN, ROBERT<br>PO BOX 1305<br>PUNTA GORDA, FL 33950 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CP | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** _____ 3/23/07 813-887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #