2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N14091

Entity Name: CROSS ROADS WILDERNESS INSTITUTE, INC.

Current Principal Place of Business:

45991 BERMONT ROAD
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-2661387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HUSLEY, & BUSEY
225 WATER STREET, STE 1800
JACKSONVILLE, FL 32202 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:	D	( ) Delete
Name:	FAXON, DAVID	
Address:	PO BOX 510688	
City-St-Zip:	PUNTA GORDA, FL 339510688	
Title:	D	( ) Delete
Name:	WENZEL, MR ROBERT	
Address:	9400 PIPER ROAD	
City-St-Zip:	PUNTA GORDA, FL 33982	
Title:	D	( ) Delete
Name:	HANSON, LENITA	
Address:	2400 HARBOR BLVD, STE 9	
City-St-Zip:	PT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	STANDER, OB	
Address:	5915 BENJAMIN CENTER DRIVE	
City-St-Zip:	TAMPA, FL 33634	
Title:	ST	( ) Delete
Name:	WEBB, EDDIE	
Address:	1625 W MARION AVE, SUITE 6	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	CP	( ) Delete
Name:	MCQUEEN, ROBERT	
Address:	PO BOX 1305	
City-St-Zip:	PUNTA GORDA, FL 33950	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WENZEL, ROBERT	
Address:	9400 PIPER ROAD	
City-St-Zip:	PUNTA GORDA, FL 33982	
Title:	VP	(X) Change ( ) Addition
Name:	LIBBY, W D	
Address:	7474 UTILITIES ROAD	
City-St-Zip:	PUNTA GORDA, FL 33982	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: O.B. STANDER D 02/18/2009

Electronic Signature of Signing Officer or Director — Date