

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14091

FILED
Mar 10, 2010
Secretary of State

Entity Name: AMI KIDS CROSSROADS, 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:

WEBB, SANKEY E III
1107 WEST MARION AVE., STE 115
PUNTA GORDA, FL 33950 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
Name: FAXON, DAVID
Address: PO BOX 510688
City-St-Zip: PUNTA GORDA, FL 339510688

Title: D
Name: WENZEL, ROBERT
Address: 9400 PIPER ROAD
City-St-Zip: PUNTA GORDA, FL 33982

Title: VP
Name: LIBBY, W D
Address: 7474 UTILITIES ROAD
City-St-Zip: PUNTA GORDA, FL 33982

Title: D
Name: STANDER, OB
Address: 5915 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

Title: ST
Name: WEBB, EDDIE
Address: 1625 W MARION AVE, SUITE 6
City-St-Zip: PUNTA GORDA, FL 33950

Title: CP
Name: MCQUEEN, ROBERT
Address: PO BOX 1305
City-St-Zip: PUNTA GORDA, FL 33950

I hereby 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 all other like empowered.

SIGNATURE: O.B. STANDER

D

03/10/2010

Electronic Signature of Signing Officer or Director

_____ Date