03

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 27 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14091

1. Entity Name

Crossroads Wilderness Institute, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
45991 Bermont Rd.	Associated Marine Institutes
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5915 Benjamin Center Drive
City & State Punta Gorda, FL	City & State Tampa, F
Zip 33982 Country US	Zip 33634 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2661387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Hull, David J Smith, Hulsey & Busey

Street Address (P.O. Box Number is Not Acceptable)

225 Water Street, Ste. 1800

City: Jacksonville **FL** Zip Code: 32202

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)

FEE IS $61.25
Initial or Amended UBR

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

TITLE D NAME O.B. Stander STREET ADDRESS 5915 Benjamin Center Drive CITY-ST-ZIP Tampa, FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE STD NAME Eddie Webb STREET ADDRESS 1625 W. Marion Ave., Suite 6 CITY-ST-ZIP Punta Gorda, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VCD NAME Robert Wenzel STREET ADDRESS 9400 Piper Road CITY-ST-ZIP Punta Gorda, FL 33982	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE CD NAME Robert McQeen STREET ADDRESS P.O. Box 1305 CITY-ST-ZIP Punta Gorda, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Dr. Lenita Hanson STREET ADDRESS 2400 Harbor Blvd., Suite 9 CITY-ST-ZIP Port Charlotte, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME David Faxon STREET ADDRESS P.O. Box 510688 CITY-ST-ZIP Punta Gorda, FL 33951-0688	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: O.B. Stander O.B. Stander 1/14/03 (813) 887-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #