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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:27

DOCUMENT # N31870 (1)

1. Corporation Name
CROSSROADS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% NEIGHBORHOOD REALTY INC 2453 S THIRD ST JACKSONVILLE FL 32250 US	% NEIGHBORHOOD REALTY INC 2453 S THIRD ST JACKSONVILLE FL 32250 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1989
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2975339 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MCGARVEY, JAMES N JR
C/O NEIGHBORHOOD REALTY
2453 S. 3RD ST.
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	KREIS, ROBERT R	1.2 NAME	McGarvey, James	
STREET ADDRESS	1010 E. ADAMS ST.	1.3 STREET ADDRESS	2453 S. Third St.	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville Bch, FL	
TITLE	VD	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	KENNEDY, G J	2.2 NAME	Patricia H. Kelley	
STREET ADDRESS	112 E. PECAN ST., #2625	2.3 STREET ADDRESS	2453 S. Third St.	
CITY-ST-ZIP	SAN ANTONIO TX	2.4 CITY-ST-ZIP	Jacksonville Bch, Fl	
TITLE	VSD	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	SIMPSON, BRYAN JR	3.2 NAME	Dinah K. Herring	
STREET ADDRESS	1061 RIVERSIDE AVE.	3.3 STREET ADDRESS	2453 S. Third St.	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville Bch, Fl	
TITLE	TAS	4.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, L D	4.2 NAME		
STREET ADDRESS	1010 E. ADAMS ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.N. McGarvey Jr Pres. 3/14/95 904-247-9160
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0028641