

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N49514

1. Entity Name
CROSS INTERNATIONAL FOUNDATION, INC.



Principal Place of Business
**570 W. CAMINO GARDENS BLVD.
STE. 204
BOCA RATON, FL 33432**

Mailing Address
**570 W. CAMINO GARDENS BLVD.
STE. 204
BOCA RATON, FL 33432**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3146876

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VALDES-FAULS CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DR.
SUITE 500 EAST
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HODGON, ROBERT
STREET ADDRESS	6231 ROBINSON
CITY-ST-ZIP	SHAWNEE MISSION, KS 66201
TITLE	STD
NAME	HARVEY, CLARENCE
STREET ADDRESS	230 CHERRY GROVE
CITY-ST-ZIP	CANTON, MI 48188
TITLE	PD
NAME	CAVVAR, JAMES J
STREET ADDRESS	370 W. CAMINO GARDENS BLVD., STE 204
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80093-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES J. CAVVAR James J. CAVVAR PRES./Director 1/4/2005 561.392.9212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #