2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005
Secretary of State

DOCUMENT# N94000001990

Entity Name: CROSS CREEK INITIATIVE, INC.

Current Principal Place of Business:

15220 NW 5 AVENUE
NEWBERRY, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

15220 NW 5 AVENUE
NEWBERRY, FL 32669 US

New Mailing Address:

FEI Number: 59-3259471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FONDROW, KEN
15220 NW 5TH AVENUE
NEWBERRY, FL 32669 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: KIBERT, CHARLES J
Address: 307 NW 5TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: VCD ( ) Delete
Name: FONOROW, KEN
Address: HWY 26
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: NEWPORT, DAVID
Address: 2023 SW 146TH ST
City-St-Zip: NEWBERRY, FL 32669

Title: DC ( ) Delete
Name: PARKHURST, WILLIAM
Address: 15000 WEST HWY 318
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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: KEN FONOROW VP 06/01/2005

Electronic Signature of Signing Officer or Director — Date