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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001072 (4)

1. Corporation Name

CROSSROADS COUNSELING CENTER OF CENTRAL FLORIDA,
INC.



Principal Place of Business 280 LAKE SEMINARY CIRCLE MAITLAND FL 32751	Mailing Address 280 LAKE SEMINARY CIRCLE MAITLAND FL 32751
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3. Date Incorporated or Qualified 02/21/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable

2. Principal Place of Business 21 1376 Augusta Natl. Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 1376 Augusta National Blvd. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22 City & State 23 Winter Springs Zip 24 32708 Country 25 USA	27 City & State 28 Winter Springs, FL Zip 29 32708 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MOULTON, RICHARD W
280 LAKE SEMINARY CIRCLE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name Karen J. Nelson
82 Street Address (P.O. Box Number is Not Acceptable)
83 1376 Augusta National Blvd.
84 City Winter Springs FL 85 Zip Code 32708

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Karen J. Nelson President of the Corporation** *Karen J. Nelson* **Feb. 3, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MOULTON, RICHARD W
STREET ADDRESS	280 LAKE SEMINARY CIRCLE
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCRUBBS, KENNETH
STREET ADDRESS	1364 MARCY DRIVE
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MERKLE, LOUISE F
STREET ADDRESS	1330 STANLEY STREET
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Karen J. Nelson
1.3 STREET ADDRESS 1376 Augusta National Blvd.
1.4 CITY-ST-ZIP Winter Springs, FL 32708
2.1 TITLE Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME William L. Stear
2.3 STREET ADDRESS 315 Sweetwater Blvd. N.
2.4 CITY-ST-ZIP Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE Sec./Treas. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME David H. Drueding
3.3 STREET ADDRESS 110 Delores Dr.
3.4 CITY-ST-ZIP Altamonte Springs, FL. 32701 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: *Karen J. Nelson*
Karen J. Nelson, President

CR2E037 (10/97)