## FILE NOW: FILING FEE IS \$61.25



NONPROFIT FLORIDA DEPARTMENT CORPORATION Sendra B. Morthy						May 11 1998 8:00a			
ANAULAL DEDOOT			endra B. Mo Secretary of S			Secretary of State			
	1998	DIVIS	ON OF CORPO	ORATIONS		500101	ary Or	State	
DOCU 1. Corporation	MENT # <b>N9700</b>	0006815	(1)						
CROS	S PURPOSES INC.				Ì	n hândillâr ara ûndir hûdir dashi allin	II <b>Ba</b> ha <b>Ba</b> ha <b>Caina G</b> hirl	18	
<u></u>									
Principal Place of Business Malling Address  429 GREENBRIAR DRIVE 429 GREENBRIAR DRIVE									
LAKE PARK FL		LAKE PARK FL 33403				3. Date Incorporated or Qualified 12/05/1997			
					j	4. FEI Number 65-081344	<u> </u>	Applied For	
	Place of Business	2s. Malling Addr	<b>658</b>			5. Certificate of Status Desired		Not Applicable  75 Additional	
Suite, Apt.	# elc	Suite Ant #	Suite, Apt. #, etc.			Fee Required			
27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & Stat	le	City & State	City & State			7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip		Country		8. This corporation owes or has p		ar Intangible	
24]	9. Name and Address of Currer	29 nt Registered Agent	30			Personal Property Tax due Jur 10. Name and Address of New F		CE INO	
WOLFE, LARRY						with S. Cook			
200-A JOHN KNOX ROAD 42						ss (P.O. Box Number is Not Acceptable)			
TALLAH	ASSEE FL 32303-6643			83					
				84 City		ake Park	FL 85	Zip Code 35403	
11. Pursuant office or i	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig-	l2 and 617.1508, Florid ⊢of Florida. Such chan ations of Section 617.	da Statutes, the ge was authori 0503. Florida S	e above-name ized by the co statutes	ed corpor orporation	ation submits this statement for the n's board of directors. I hereby acc	e purpose of chang cept the appointment	ing its registered it as registered	
SIGNATURE	Judigh S.	Cook					4/30/98		
12.	Signature. Good or printed name of registered age OFFICERS AN		(NOTE: Hegist	fered Agent signat 3.	ure required	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12	
TITLE		☐ DE	LETE 1.	1 TITLE	P/	D	Cha		
NAME			1:	2 NAME	51	feven E. Gook	صمال سا		
STREET ADDRESS				3 STREET ADDRES	1 7	lg Greenbrian I ake Park FL 3		nge 132 Artditing	
CITY-ST-ZIP TITLE		☐ DE		4 CITY-ST-ZIP 1 TITLE		ake Park, FL 3	☐ Cha	nge 12 Addition	
NAME				2 NAME	ن ل	with S. Cook_	Drive	ľ	
STREET ADDRESS				3 STREET ADDRES	s   42		3463		
CITY-ST-ZIP TITLE		□ DE		4 CITY-ST-ZIP 1 TITLE	7 D		□ Cha	nge Addition	
NAME			3.	2 NAME	Ro	bin K. Cook	ш.,,		
STREET ADDRESS				3 STREET ADDRESS	- 1 .		_	ŀ	
CITY-ST-ZIP TITLE		□ DE		4. CITY-ST-ZIP 1 TITLE	A D	ovisville, KY 4	Cha	nge 12 Addition	
NAME				2 NAME	Tod	ld S. Cook.	_	. Go Daniell	
STREET ADDRESS			4:	3 STREET ADDRESS	s 15	24 S. 2nd St., t			
CITY-ST-ZIP				4 CITY-ST-ZIP	<u> </u>	<u>ovisuille, KY 4</u>		Addition	
TITLE		□ DE	1	1 TITLE 2 NAME	i	•	☐ Cha	nge Addition	
STREET ADDRESS				3 Street Address	s				
CITY-ST-ZIP				4 CITY-ST-ZIP					
TITLE		□ 0€		1 TITLE			Cha	nge Addition	
NAME .				2 NAME					
STREET ADDRESS				3 STREET ADDRES! 4 City-St-719	<b>"</b>				

I hereby certify that the information supplied with this filling 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 suppliemental 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.

561-842-0104