

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000124298**



1. Entity Name
CROSSROADS COUNSELING CENTER, INC.

Principal Place of Business
214 HOSPITAL DRIVE NE
FORT WALTON BEACH FL 32548

Mailing Address
214 HOSPITAL DRIVE NE
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address
P.O. Box 1870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PWb, FL

Zip

Zip
30549-1870

Country
USA

4. FEI Number **02-0651904** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOLES, SHERYL W
16 NW WISTERIA STREET
FORT WALTON BEACH FL 32548

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

8. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLES, SHERYL W 214 HOSPITAL DRIVE NE FORT WALTON BEACH FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLES, STEVEN L 16 NW WISTERIA STREET FORT WALTON BEACH FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Sheryl W. Boles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02

800-217-7220

Date

Daytime Phone #

CR2E034 (10/02)