

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003445

**FILED**  
**Jan 05, 2016**  
**Secretary of State**  
**CC5324342831**

**Entity Name:** CROSS ROAD FOOD BANK, INC.

**Current Principal Place of Business:**

7725 YARDLEY DR.  
BLD. B SUITE 308  
TAMARAC, FL 33321

**Current Mailing Address:**

P.O. BOX 101055  
FORT LAUDERDALE, FL 33310

**FEI Number:** 20-2444328

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADAMS, DON  
7725 YARDLEY DR.  
BLD. B SUITE 308  
TAMARAC, FL 33321 US

*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

**Officer/Director Detail :**

Title P  
Name ADAMS, DON  
Address 7725 YARDLEY DR.  
BLD. B SUITE 308  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name SIPALA, JOSEPH  
Address 120 E. OAKLAND PARK BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33334

Title S  
Name OLLIVIERRE, DANIEL  
Address 4521 N.W. 6TH CT.  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name BUCHANAN, ELAINE  
Address 4730 N HIATUS ROAD  
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR ASSISTANT  
Name BUCHANAN, AMMOIE ESQ.  
Address 4454 NW 99TH TER  
City-State-Zip: SUNRISE FL 33351

*I hereby 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 all other like empowered.*

**SIGNATURE:** DON ADAMS

**PRESIDENT**

**01/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date