

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009251

Entity Name: CROSSROADS CENTER, INC.**Current Principal Place of Business:**444 VALPARAISO PKWY
BUILDING C
VALPARAISO, FL 32580**Current Mailing Address:**444 VALPARAISO PKWY
BUILDING C
VALPARAISO, FL 32580**FEI Number:** 20-5518720**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERSONS, ROBERT K
444 VALPARAISO PKWY
BUILDING C
VALPARAISO, FL 32580 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 D
Name WALKER, MARTY
Address 444 VALPARAISO PKWY, BUILDING C
City-State-Zip: VALPARAISO FL 32580

Title D
Name CARTER, HERSTEL DR.
Address 214 S PARTIN DR
City-State-Zip: NICEVILLE FL 32578

Title D
Name ADAMS, HERSHEL DR.
Address 399 EDGE AVE
City-State-Zip: VALPARAISO FL 32580

Title DIRECTOR
Name FRANCKS, KIM
Address 70 SUNSET BEACH PL
City-State-Zip: NICEVILLE FL 32578

Title D
Name PERSONS, ROBERT K DR.
Address 625 ROSEWOOD WAY
City-State-Zip: NICEVILLE FL 32578

Title D
Name PLOTT, JOE
Address 701 FOUNTAIN BLEAU
City-State-Zip: MARY ESTHER FL 32569

Title D
Name HAWKINS, MARY A
Address 24 FERRY RD NE
City-State-Zip: FT WALTON BEACH FL 32548

Title DIRECTOR
Name VAN DE VOORDE, ARJEN DR.
Address 823 LAKE AMICK DR
City-State-Zip: NICEVILLE FL 32578

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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: HERSHEL ADAMS**DIRECTOR****03/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCGINNIS, ALLEN
Address PO BOX 5010
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name SCHIEVENIN, JEFFREY DR.
Address 444 VALPARAISO PKY
City-State-Zip: VALPARAISO FL 32580

Title DIRECTOR
Name WILSON, CHARLES DR.
Address 1477 HWY 383 S
City-State-Zip: SANTA ROSA BEACH FL 32459