2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2014
Secretary of State
CC8573854562

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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: MARTY WALKER PRESIDENT 01/09/2014

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

Title	EX OFFICIO
Name	SAINT, ROY DR.
Address	399 EDGE AVE
City-State-Zip:	VALPARAISO FL 32580