2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2024
Secretary of State
8947449529CC

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	MEDICAL DIRECTOR
Name	PERSONS, ROBERT K DR.
Address	444 VALPARAISO PKWY BUILDING C
City-State-Zip:	VALPARAISO FL 32580

Title	DIRECTOR
Name	ADAMS, HORACE HERSHEL D-MIN
Address	444 VALPARAISO PKWY., BLDG. C
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	DIRECTOR
Name	KUSS, KIT DR.
Address	444 VALPARAISO PKWY BUILDING C
City-State-Zip:	VALPARAISO FL 32580

Title	VP
Name	CARTER, HERSTEL D-MIN
Address	444 VALPARAISO PKWY BUILDING C
City-State-Zip:	VALPARAISO FL 32580

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

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

Title	DIRECTOR
Name	NORTON, BETH DNP
Address	444 VALPARAISO PKWY BUILDING C
City-State-Zip:	VALPARAISO FL 32580

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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: ROBERT K. PERSONS MEDICAL DIRECTOR 02/07/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WILDER, LEW D-MIN
Address	444 VALPARAISO PKWY BLDG. C
City-State-Zip:	VALPARAISO FL 32580