

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004084

**Entity Name:** RED ROAD TO WELLNESS CENTER CORPORATION

**Current Principal Place of Business:**

HC 89 BOX 351  
WINONA, MO 65588

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC1545674353**

**Current Mailing Address:**

HC 89 BOX 351  
WINONA, MO 65588

**FEI Number: 26-1819437**

**Certificate of Status Desired: Yes**

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

GOODIN, JAMES  
786 BURGUNDY Q  
DELRAY BEACH, FL 33484 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 CP  
Name GOODIN, JAMES  
Address HC 89 BOX 351  
City-State-Zip: WINONA MO 65588

Title VCP  
Name SANDRA, FALKENBERRY  
Address 523 SE 20TH CT. APT 2  
City-State-Zip: BOYNTON BEACH FL 33435

Title D  
Name LARGEANT, DENNIS  
Address CANTTEN ST  
City-State-Zip: COLLINSVILLE IL 62234

Title T  
Name GARRETT, LORA  
Address HC 89 BOX 351  
City-State-Zip: WINONA MO 65588

*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: LORA A. GARRETT**

**BUSINESS MANAGER**

**04/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date