

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004084

**FILED  
Apr 07, 2014  
Secretary of State  
CC0002724788**

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

**Current Principal Place of Business:**

HC 89 BOX 351  
WINONA, MO 65588

**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            PRESIDENT  
Name            GOODIN, JAMES  
Address        HC 89 BOX 351  
City-State-Zip: WINONA MO 65588

Title            OFFICER  
Name            SANDRA, FALKENBERRY  
Address        523 SE 20TH CT. APT 1  
City-State-Zip: BOYNTON BEACH FL 33435

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

Title            SECRETARY  
Name            GILBERT, SHANTI  
Address        3630 SHERWOOD BLVD  
City-State-Zip: DELRAY BEACH FL 33445

*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**

**TREASURER**

**04/07/2014**

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

\_\_\_\_\_  
Date