

2014 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**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