

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004084

FILED  
Apr 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

HC 89 BOX 351  
WINONA, MO 65588

**New Principal Place of Business:**

**Current Mailing Address:**

HC 89 BOX 351  
WINONA, MO 65588

**New Mailing Address:**

**FEI Number:** 26-1819437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOODIN, JAMES  
211 BIRCH ST  
BOYNTON BEACH, FL 33426 US

**Name and Address of New 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

04/12/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: GOODIN, JAMES  
Address: HC 89 BOX 351  
City-St-Zip: WINONA, MO 65588

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

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

Title: T  
Name: GARRETT, LORA  
Address: HC 89 BOX 351  
City-St-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

BMGR

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date