

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000012670**

1. Entity Name  
**ROAD TO RECOVERY ALUMNI CORPORATION, INC.**



Principal Place of Business  
**4278 W LINEBAUGH AVE STE C  
TAMPA, FL 33624**

Mailing Address  
**4278 W LINEBAUGH AVE STE C  
TAMPA, FL 33624**



01272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0761378**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CROMER, MICHAEL A  
13829 GOOD LIFE RD  
TAMPA, FL 38618**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/29/08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROMER, MICHAEL A 13829 GOOD LIFE RD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VANCE, KEELY 6144 SHANNON AVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEWITT, MILES 154 BRENT CIR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTZER, LUCY 6511 PINE TREE AVE PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URRUTIA, RON 977 SKYE LN PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDKINS, GEORGE 20045 COUNTY LINE RD LUTZ, FL 33558

U00000816663  
02/14/08-80060-007 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/29/08**

**813-769-0948**