

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012670

FILED  
May 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4278 W LINEBAUGH AVE STE C  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

4278 W LINEBAUGH AVE STE C  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 02-0761378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CROMER, MICHAEL A  
Address: 13829 GOOD LIFE RD  
City-St-Zip: TAMPA, FL 33618

Title: DST ( ) Delete  
Name: VANCE, KEELY  
Address: 6144 SHANNON AVE  
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete  
Name: PEWITT, MILES  
Address: 154 BRENT CIR  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: HOLTZER, LUCY  
Address: 6511 PINE TREE AVE  
City-St-Zip: PANAMA CITY, FL 32408

Title: D ( ) Delete  
Name: URRUTIA, RON  
Address: 977 SKYE LN  
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete  
Name: EDKINS, GEORGE  
Address: 20045 COUNTY LINE RD  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: CROMER, MICHAEL A  
Address: 13829 GOOD LIFE RD  
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change ( ) Addition  
Name: VANCE, KEELY  
Address: 6144 SHANNON AVE  
City-St-Zip: SPRING HILL, FL 34606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL CROMER

DIRE

05/10/2009

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

\_\_\_\_\_  
Date