

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001596

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** ROAD TO DAMASCUS MINISTRIES INC.

**Current Principal Place of Business:**

2435 US HWY19  
SUITE 305  
HOLIDAY, FL 34691

**New Principal Place of Business:**

5006 TROUBLE CREEK  
SUITE 107A  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

P. O. BOX 642  
PORT RICHEY, FL 34673

**New Mailing Address:**

**FEI Number:** 26-1980816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOYNER, WESLEY C PASTOR  
3214 ROCK VALLEY DR  
HOLIDAY, FL 34691 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: P/D  
Name: JOYNER, WESLEY C PASTOR  
Address: 3214 ROCK VALLEY DR  
City-St-Zip: HOLIDAY, FL 34691 US

Title: T/D  
Name: HAMPTON, LLOYD A SR  
Address: 9445 BEAUFORT CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D  
Name: MEYER, KATHLEEN  
Address: 6921 OLDGATE CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S  
Name: LEIGH, KAY  
Address: 13745 VANDERBILT RD  
City-St-Zip: ODESSA, FL 33556

Title: T  
Name: BRIDGES, NANCY  
Address: 4333 CHEVAL BLVD  
City-St-Zip: LUTZ, FL 33558

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: NANCY BRIDGES

TREA

04/30/2012

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

\_\_\_\_\_  
Date