2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2012
Secretary of State

DOCUMENT# N08000009847

Entity Name: OFF THE TRAIL MISSIONS, INC.

Current Principal Place of Business:

42719 LAKE HOSPITALITY LANE
ALTOONA, FL 32702

New Principal Place of Business:

42639 LAKE HOSPITALITY LANE
ALTOONA, FL 32702

Current Mailing Address:

PO BOX 1144
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 26-3626371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALBERT, MARY ANN
42639 LAKE HOSPITALITY LANE
ALTOONA, FL 32702 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: PD
Name: HOLMES, KIMBERLY
Address: 42719 LAKE HOSPITALITY LANE
City-St-Zip: ALTOONA, FL 32702

Title: VPD
Name: SMITH, LYN
Address: 17024 ORANGE AVE
City-St-Zip: UMATILLA, FL 32784

Title: T
Name: GARRISON, ROBERT
Address: 9019 LAUREL RIDGE DR
City-St-Zip: MT. DORA, FL 32757

Title: S
Name: HALBERT, MARY ANN
Address: 42639 LAKE HOSPITALITY LANE
City-St-Zip: ALTOONA, FL 32702

Title: D
Name: REED, MIKE
Address: 561 GREGORY DRIVE
City-St-Zip: UMATILLA, FL 32784

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: KIMBERLY HOLMES PRES 08/08/2012

Electronic Signature of Signing Officer or Director — Date