

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

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N94000003924

1. Entity Name
INROADS FLORIDA REGION, INC.



Principal Place of Business
3751 MAGUIRE BLVD
SUITE 206
ORLANDO, FL 32803 US

Mailing Address
10 SOUTH BROADWAY
SUITE 300
SAINT LOUIS, MO 63102 US



03112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 43-1676405 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000361134
04/02/08-80091-004 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BELL, SEKENNIA 8427 SOUTHPARK CIRCLE ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD CARRION, LORI 555 LAKE BORDER DRIVE APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CFO COULIS, THEO 10 SOUTH BROADWAY STE 300 ST LOUIS, MO 63102 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MD ELEM, MICHAEL 3751 MAGUIRE BLVD, SUITE 206 ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ALCORN, DEBI 1940 TRAYLOR BLVD ORLANDO, FL 328047 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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 #

3/12/08 314-655-1515