2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002679

Entity Name: ROAD TO CALVARY, INC.

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

INTERSECTION OF N STODDARD AND MADISON

PO BOX 998

GLEN ST MARY, FL 32040

INTERSECTION OF N STODDARD AND MADISON

GLEN ST MARY, FL 32040

Current Mailing Address: New Mailing Address:

PO BOX 998

GLEN ST MARY, FL 32040

FEI Number: 59-3380765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ANDERSON, THOMAS J INTERSECTION STODDARD & MADISON GLEN ST MARY, FL 32040 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

Name: ANDERSON, THOMAS J Name: Address: N. STODDARD AND MADISON, BOX 998 Address:

Address: N. STODDARD AND MADISON, BOX 998 Address:

City-St-Zip: GLEN ST. MARY, FL City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 ANDERSON, CHADWICK S
 Name:

 Address:
 7 MAHANZES CR
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 ANDERSON, DORIS
 Name:

 Address:
 N. STODDARD AND MADISON, BOX 998
 Address:

 City-St-Zip:
 GLEN ST. MARY, FL
 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: THOMAS J. ANDERSON PD 03/09/2009