

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006571

Entity Name: WELLSPRING OF LIFE MINISTRY, INC.**Current Principal Place of Business:**9707 ELM WAY
TAMPA, FL 33635**Current Mailing Address:**PO BOX 3027
PLANT CITY, FL 33563 US**FEI Number:** 59-3674126**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORETZ, JERRY K
9707 ELM WAY
TAMPA, FL 33635 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**Officer/Director Detail :**

Title	DIR
Name	BELCHER, TIMOTHY A
Address	152 CARROLL ROAD
City-State-Zip:	TELLICO PLAINS TN 37385

Title	PRES
Name	CODER, ROBERT
Address	623 CANE CREEK MNT. RD
City-State-Zip:	TELLICO PLAINS TN 37385

Title	TRES
Name	ZUKNICK, TAMMY
Address	4702 GLENBROOKE TER
City-State-Zip:	SARASOTA FL 34243

Title	SEC
Name	MORETZ, JERRY KEITH
Address	9707 ELM WAY
City-State-Zip:	TAMPA FL 33635

Title	VP
Name	CODER, JOYCE
Address	623 CANE CREEK MNT. RD.
City-State-Zip:	TELLICO PLAINS TN 37385

Title	DIR
Name	DEMBOSKI, ROBIN
Address	407 RONELLE DR
City-State-Zip:	BRANDON FL 33511

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: TAMMY ZUKNICK**TREASURER****02/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date