

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2015

Secretary of State

CC5365847941

DOCUMENT# N11000006051

Entity Name: WISDOM'S WELLSRING, INCORPORATED

Current Principal Place of Business:

5004-B MAHAN DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

P. O. BOX 183
HAVANA, FL 32333

FEI Number: 45-2343771

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARMER, ALYCE J
378 HICKORY LANE
HAVANA, FL 32333 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 PARMER, ALYCE REV
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIR
Name PAULSEN, ROBERT
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIR
Name POPPELL, SANDRA
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIR
Name D'ENTREMONT, CYNTHIA
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name DOSS, GREG REV
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name WICKHAM, ROBERT
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name DARNELL, SANDRA
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name SOTO, MARITZA
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

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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: ALYCE J. PARMER

**EXEC & SPIRITUAL
DIRECTOR**

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HELMS, KIMSEY
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name JONES, LINDA
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name PARIDO, LAUREL
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name LITTLE, LEANNE
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name JACKSON-WOOD, ALISON
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name KING, PAMELA
Address P. O. BOX 183
City-State-Zip: HAVANA FL 32333