

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N11000006051

**Apr 15, 2013**

**Entity Name:** WISDOM'S WELLSRING, INCORPORATED

**Secretary of State  
CC7514476541**

**Current Principal Place of Business:**

202 E. 9TH AVE  
HAVANA, FL 32333

**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        202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333

Title            DIR  
Name            PAULSEN, ROBERT  
Address        202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333

Title            DIR  
Name            POPPELL, SANDRA  
Address        202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333

Title            DIR  
Name            D'ENTREMONT, CYNTHIA  
Address        202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333

Title            DIRECTOR  
Name            DOSS, GREG REV  
Address        202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333

Title            DIRECTOR  
Name            WICKHAM, ROBERT  
Address        202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333

Title            DIRECTOR  
Name            MASON, PAMELA  
Address        202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333

Title            DIRECTOR  
Name            DARNELL, SANDRA  
Address        202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333

**Continues on page 2**

*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**

**04/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SOTO, MARITZA  
Address 202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333

Title DIRECTOR  
Name KELLY, KOLLEN  
Address 202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333

Title DIRECTOR  
Name HELMS, KIMSEY  
Address 202 E. 9TH AVE  
City-State-Zip: HAVANA FL 32333