

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007831

**Entity Name:** WELLSPRINGS OVERFLOWING MINISTRIES INC.

**Current Principal Place of Business:**

848 SUSSEX DR  
DAVENPORT, FL 33896

**Current Mailing Address:**

848 SUSSEX DR  
DAVENPORT, FL 33896 US

**FEI Number:** 47-1744853

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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 P/D  
Name BACHMAN, RICHARD RAY  
Address 848 SUSSEX DR  
City-State-Zip: DAVENPORT FL 33896

Title D  
Name GORE, EVAN STEVE  
Address 848 SUSSEX DR  
City-State-Zip: DAVENPORT FL 33896

Title S/T  
Name BACHMAN, PAULETTE W  
Address 848 SUSSEX DR  
City-State-Zip: DAVENPORT FL 33896

Title D  
Name BACHMAN, PAULETTE W  
Address 848 SUSSEX DR  
City-State-Zip: DAVENPORT FL 33896

*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:** RICHARD RAY BACHMAN

**PRESIDENT**

**03/13/2021**

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

\_\_\_\_\_  
Date