

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002124

Entity Name: SPRING HOUSE INSTITUTE, INC.**Current Principal Place of Business:**3117 OKEEHEEPKEE RD.
TALLAHASSEE, FL 32303**Current Mailing Address:**PO BOX 10146
TALLAHASSEE, FL 32302**FEI Number:** 01-0876670**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MASHBURN, BYRD L.
301 EAST CAROLINA STREET
APT 503
TALLAHASSEE, FL 32301 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:** BYRD LEWIS MASHBURN

04/10/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FOUNDED PRESIDENT/DECEASED
Name LEWIS, CLIFTON VB
Address PO BOX 10146
City-State-Zip: TALLAHASSEE FL 32302

Title VPD
Name POSNER, PATRICIA P
Address PO BOX BOX 68
City-State-Zip: TALLAHASSEE FL 32302

Title BOARD MEMBER
Name POSNER, OLIVIA P
Address PO BOX 68
City-State-Zip: TALLAHASSEE FL 32302

Title PRESIDENT
Name MASHBURN, BYRD LEWIS
Address 301 EAST CAROLINA STREET
APT 503
City-State-Zip: TALLAHASSEE FL 32301

Title BOARD MEMBER
Name SCHWEIZER, KEVIN C
Address 880 CATFISH AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title SECRETARY
Name SIMS, MARY BYRD L
Address 7018 DUCK COVE ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title BOARD MEMBER
Name COFFIN, SETH K
Address 805 LOTHIAN DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title INACTIVE BOARD MEMBER
Name HENNE, CAROLYN L
Address 1522 ARGONNE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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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: BYRD LEWIS MASHBURN

PRESIDENT

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER/TRAILMASTER
Name COPELAND, SCOTT
Address PO BOX 789
City-State-Zip: MIDWAY FL 32343

Title BOARD MEMBER
Name BERKLEY, KAREN
Address 3310 NORTSHORE CIRCLE
City-State-Zip: TALLAHASSEE FL 32312

Title BOARD MEMBER
Name BURKE, FROST
Address 2858 GREEN FOREST LANE
City-State-Zip: TALLAHASSEE FL 32312