

**2022 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.  
3117 OKEEHEEPKEE ROAD  
TALLAHASSEE, FL 32303 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

03/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FOUNDED PRESIDENT/DECEASED  
Name LEWIS, CLIFTON VB  
Address 3117 OKEEHEEPKEE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT, RECORDING  
SECRETARY  
Name POSNER, PATRICIA P  
Address 2305 DON PATRICIO DR  
City-State-Zip: TALLAHASSEE FL 32304

Title BOARD MEMBER  
Name POSNER, OLIVIA P  
Address 32 MERION DRIVE  
City-State-Zip: ASHEVILLE NC 28806

Title CHIEF DOCENT, CORRESPONDING  
SECRETARY  
Name MASHBURN, BYRD LEWIS  
Address 3117 OKEEHEEPKEE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

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

Title TREASURER  
Name BEVIS, DRINDA T  
Address 2401 HAYS MILL ROAD  
City-State-Zip: TALLAHASSEE FL 32301

Title BOARD MEMBER  
Name MORTON, MICHAEL C  
Address 316 ROCHFORD DR  
City-State-Zip: EASLEY SC 29642

Title BOARD MEMBER  
Name TAIT, VICTORIA  
Address 2051 OLD SHELL ROAD  
City-State-Zip: MOBILE AL 36607

**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:** BYRD LEWIS MASHBURNCHIEF DOCENT AND  
CORRESPONDING  
SECRETARY

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	WALTER, JOEL
Address	5793 FOSTER AVE
City-State-Zip:	WORTHINGTON OH 43085