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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN MICHELE BARNES

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P07000018862

Entity Name: WELLSPRING CHRISTIAN COUNSELING CENTER, INC.

Current Principal Place of Business:

10738 VERSAILLES BLVD CLERMONT, FL 34711

Current Mailing Address:

P. O. BOX 2259 MINNEOLA, FL 34755

FEI Number: 32-0199035

Name and Address of Current Registered Agent:

BARNES, JEFFREY J 10738 VERSAILLES BLVD CLERMONT, FL 34711 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

Officer/Director Detail :

Title	0	Title	0
Name	BARNES, KATHRYN M	Name	BARNES, JEFFREY J
Address	10738 VERSAILLES BLVD	Address	10738 VERSAILLES BLVD
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

Certificate of Status Desired: No

Date

05/05/2018

FILED May 05, 2018 Secretary of State CC0389159192

Date

PRESIDENT