2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712113

FILED Mar 24, 2009 Secretary of State

Entity Name: NEW SPRING CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 235 LAKE SEMINARY CIR MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** P.O. BOX 941507 MAITLAND, FL 32794 FEI Number: 59-2124090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENMAN, KIRT L 235 LAKE SEMINARY CIRCLE MAITLAND, FL 32751 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NEST. JOHN NEST. JOHN Name: Name: 235 LAKE SEMINARY CIRCLE Address: 235 LAKE SEMINARY CIRCLE Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: (X) Change () Addition Name: PURNELL, OLDEN A Name: PURNELL, OLDEN A Address: 3716 WEST TAMPA CIRCLE Address: 3716 WEETAMOO CIRCLE City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818 Title: () Delete Title: () Change () Addition BERKLAND, MARK Name: Name: Address: 369 BANYON DR. Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ZIELASKO, TYLER Name: ZIELASKO, TYLER 713 ASHFORD DR APT #102 Address: Address: 2280 LELAND LANE City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: () Change () Addition HENMAN, KIRT L Name: Name: 235 LAKE SEMINARY CIRCLE Address: Address: MAITLAND, FL 32751 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OLDEN A PURNELL DT 03/24/2009