2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006571

FILED May 21, 2009 Secretary of State

Entity Name: WELLSPRING OF LIFE MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business: 2706 ALT. US 19 #223 PALM HARBOR, FL 34683 **New Mailing Address: Current Mailing Address:** POST OFFICE BOX 1495 POST OFFICE BOX 3027 DUNEDIN, FL 34697 PLANT CITY, FL 33563 FEI Number: 59-3674126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA-RIVERA, LUIS 2706 ALT. US 19 #223 PALM HARBOR, FL 34683 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CHMN () Change () Addition () Delete SAWYER, MICHAEL Name: Name: 547 WOMACK ROAD Address: Address: City-St-Zip: BETHPAGE, TN 37022 City-St-Zip: Title: SEC () Delete Title: () Change () Addition MORETZ, KEITH Name: Name: Address: 9707 ELM WAY Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: Title: PRES () Delete Title: PRES (X) Change () Addition CODER, ROBERT CODER, ROBERT Name: Name: 623 CANE CREEK MNT. RD 623 CANE CREEK MNT. RD Address: Address: City-St-Zip: TELLICO PLAINS, TN City-St-Zip: TELLICO PLAINS, TN 37385 (X) Change () Addition Title: VΡ () Delete Title: Name: CODER, JOYCE Name: CODER, JOYCE 633 CANE CKEEK MNT. RD. Address: Address: 633 CANE CKEEK MNT. RD. City-St-Zip: TELLICO PLAINS, TN City-St-Zip: TELLICO PLAINS, TN 37385 Title: **TRES** () Delete Title: (X) Change () Addition SAWYER, DEBORAH CURTIS, CHERYL Name: Name: 547 WOMACK ROAD 145 OLD SINK CHURCH ROAD Address: Address: City-St-Zip: BETHPAGE, TN 37022 City-St-Zip: TELLICO PLAINS, TN 37385 Title: () Delete Title: () Change (X) Addition LEE. STEVE Name: Name: Address: Address: 2252 ST. CHARLES DRIVE CLEARWATER, FL 33764 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: ROBERT H. CODER PRES 05/21/2009