

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006571

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** WELLSRING OF LIFE MINISTRY, INC.

**Current Principal Place of Business:**

9707 ELM WAY  
TAMPA, FL 33635 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3027  
PLANT CITY, FL 33563 US

**New Mailing Address:**

**FEI Number:** 59-3674126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORETZ, JERRY K  
9707 ELM WAY  
TAMPA, FL 33635 US

**Name and Address of New Registered Agent:**

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:**

Title: DIR  
Name: BELCHER, TIMOTHY A  
Address: 152 CARROLL ROAD  
City-St-Zip: TELLICO PLAINS, TN 37385 US

Title: SEC  
Name: MORETZ, JERRY KEITH  
Address: 9707 ELM WAY  
City-St-Zip: TAMPA, FL 33635 US

Title: PRES  
Name: CODER, ROBERT  
Address: 623 CANE CREEK MNT. RD  
City-St-Zip: TELLICO PLAINS, TN 37385 US

Title: VP  
Name: CODER, JOYCE  
Address: 623 CANE CREEK MNT. RD.  
City-St-Zip: TELLICO PLAINS, TN 37385 US

Title: TRES  
Name: ZUKNICK, TAMMY  
Address: 4702 GLENBROOKE TER  
City-St-Zip: SARASOTA, FL 34243 US

Title: DIR  
Name: DEMBOSKI, ROBIN  
Address: 407 RONELLE DR  
City-St-Zip: BRANDON, FL 33511 US

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: JERRY K MORETZ

SEC

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date