## 2007 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT



FILED

May 15, 2007 8:00 am Secretary of State

DOCUMENT # N00000006636

05-15-2007 90005 032 \*\*\*\*70.00 WILLSPRING FOUNDATION, INC. Principal Place of Business Mailing Address 9293 WINFIELD COURT 9293 WINFIELD COURT US BROOKSVILLE, FL 34613 US BROOKSVILLE, FL 34613 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05112007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3686566 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VORSHECK, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) 9293 WINFIELD COURT BROOKSVILLE, FL 34613 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees Fiorida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition HIRT, FRANK W NAME NAME 3270 KINGSTON COURT STREET ADDRESS STREET ADDRESS ERIE, PA 16506 CITY-ST-ZIP CITY-ST-ZIP **DPTS** TITLE ☐ Delete ☐ Change ☐ Addition TITLE VORSHECK, ELIZABETH NAME NAME 9293 WINFIELD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34613 CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition TITLE NAME VORSHECK, WILLIAM J JR NAME 9293 WINFIELD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34613 CITY-ST-ZIE TITLE ☐ Delete TITLE X Change ☐ Addition CONRAD, MICHELLE NAME NAME Conrad, Michelle 10484 Gypsy Ave. Brooksville, FL 10484 BYPSY AVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP BROOKSVILLE, FL 34613 CITY-ST-ZIP 34613 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

Elizabeth A. Vorsheck 5/14/2007