

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006636

FILED
Jun 25, 2009
Secretary of State

Entity Name: WILLSPRING FOUNDATION, INC.

Current Principal Place of Business:

9293 WINFIELD COURT
BROOKSVILLE, FL 346133986 US

New Principal Place of Business:

Current Mailing Address:

9293 WINFIELD COURT
BROOKSVILLE, FL 346133986 US

New Mailing Address:

FEI Number: 59-3686566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

VORSHECK, ELIZABETH A
9293 WINFIELD COURT
BROOKSVILLE, FL 346133986 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:

Title: DPTS () Delete
Name: VORSHECK, ELIZABETH
Address: 9293 WINFIELD COURT
City-St-Zip: BROOKSVILLE, FL 34613

Title: DT () Delete
Name: VORSHECK, WILLIAM J JR
Address: 9293 WINFIELD COURT
City-St-Zip: BROOKSVILLE, FL 34613

Title: S () Delete
Name: CONRAD, MICHELLE
Address: 10484 GYPSY AVE
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CONRAD, MICHELLE
Address: 7566 WILSON RD
City-St-Zip: FAIRVIEW, PA 16415

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: ELIZABETH A. VORSHECK

DPTS

06/25/2009

Electronic Signature of Signing Officer or Director

Date