

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002997

FILED
Mar 29, 2004
Secretary of State**Entity Name:** GLOBAL WELLSRING MINISTRIES, INC.**Current Principal Place of Business:**4223 ALTON WAY
SARASOTA, FL 34232**New Principal Place of Business:****Current Mailing Address:**4223 ALTON WAY
SARASOTA, FL 34232**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILSON, DAVID R
4223 ALTON WAY
SARASOTA, FL 34232**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: D () Delete
Name: WILSON, DAVID R
Address: 4223 ALTON WAY
City-St-Zip: SARASOTA, FL 34232Title: D () Delete
Name: ADKINS, SETH
Address: P. O. BOX 105
City-St-Zip: SARASOTA, FL 34231Title: D () Delete
Name: BASS, EVAN
Address: 4223 ALTON WAY
City-St-Zip: SARASOTA, FL 34232Title: D () Delete
Name: WILSON, SANDRA E
Address: 4223 ALTON WAY
City-St-Zip: SARASOTA, FL 34232Title: D () Delete
Name: WILSON, ANDREW P
Address: 4223 ALTON WAY
City-St-Zip: SARASOTA, FL 34232Title: D () Delete
Name: WILSON, LINDSEY
Address: 4223 ALTON WAY
City-St-Zip: SARASOTA, FL 34232**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
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City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: WILSON, LINDSEY N
Address: 4223 ALTON WAY
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID R. WILSON

D

03/29/2004

Electronic Signature of Signing Officer or Director

Date