

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000005741

1. Entity Name  
WELL-SPRING PREVENTION, INC.



Principal Place of Business  
18932 BOB-O-LINK DRIVE  
MIAMI, FL 33015

Mailing Address  
P.O. BOX 5752  
MIAMI, FL 33014



**DO NOT WRITE IN THIS SPACE**

04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-1150580

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROACH, ELAINE  
18932 BOB-O-LINK DR  
MIAMI, FL 33015

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROACH, ELAINE
STREET ADDRESS	PO BOX 5752
CITY- ST- ZIP	MIAMI, FL 33014
TITLE	VPD
NAME	JULMISSE, ELDRIDGE
STREET ADDRESS	PO BOX 5752
CITY- ST- ZIP	MIAMI, FL 33014
TITLE	TD
NAME	SHIELDS, LLOYD
STREET ADDRESS	PO BOX 5752
CITY- ST- ZIP	MIAMI, FL 33014
TITLE	SD
NAME	ROACH, ALDYTH
STREET ADDRESS	PO BOX 5702
CITY- ST- ZIP	MIAMI, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000735224  
05/10/07-80026-002 61.25

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 (305) 816-5800

Date

Daytime Phone #