

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007458

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** SPRING OF FAITH MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

3223 N US HWY 1  
SUITE H  
PORT SAINT LUCIE, FL 34988

**New Principal Place of Business:**

3223 N US HWY 1  
SUITE H  
FORT PIERCE, FL 34982

**Current Mailing Address:**

PO BOX 880505  
PORT SAINT LUCIE, FL 34988

**New Mailing Address:**

**FEI Number:** 59-3750069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, LLOYD G  
598 NW SAN REMO CIRCLE  
PORT SAINT LUCIE, FL 34986 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: D ( ) Delete  
Name: CAMPBELL, LLOYD G  
Address: 598 NW SAN REMO CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete  
Name: COOKE, ESTHER M  
Address: 454 ALPINE LANE  
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete  
Name: CAVALERA, ROBYN  
Address: 305 DIXON AVE  
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete  
Name: WILLIAMS, HOWARD  
Address: 100 LILAC CT  
City-St-Zip: TITUSVILLE, FL 32796

**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:  
Address:  
City-St-Zip:

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

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: REV LLOYD G CAMPBELL

DIRE

04/14/2008

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

\_\_\_\_\_  
Date