## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007458

FILED Apr 05, 2012 Secretary of State

Entity Name: SPRING OF FAITH MINISTRIES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

4173 SW ALICE ST 310 BRAZILIAN CIRCLE

PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34952

Current Mailing Address: New Mailing Address:

4173 SW ALICE ST 310 BRAZILIAN CIRCLE

PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34952

FEI Number: 59-3750069 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CAMPBELL, LLOYD G
4173 SW ALICE STREET

CAMPBELL, LLOYD G
310 BRAZILIAN CIRCLE

PORT SAINT LUCIE, FL 34953 US PORT SAINT LUCIE, FL 34952 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: 04/05/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

Name: CAMPBELL, LLOYD G
Address: 310 BRAZILIAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D

 Name:
 COOKE, ESTHER M

 Address:
 310 BRAZILIAN CIRCLE

 City-St-Zip:
 PORT SAINT LUCIE, FL 34952

Title: D

 Name:
 SEGOVIA, BARBARA

 Address:
 5969 N W WESLEY RD.

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986

Title: [

Name: O`BRIEN, BONNY

Address: 1303 PEPPER TREE TRAIL City-St-Zip: FIRT PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: LLOYD G. CAMPBELL D 04/05/2012