

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003718

Entity Name: WELLSPRING, INC.

FILED  
May 01, 2004  
Secretary of State

**Current Principal Place of Business:**

113 NW CRYSTAL ST  
CRYSTAL RIVER, FL 34428

**New Principal Place of Business:**

**Current Mailing Address:**

113 NW CRYSTAL ST  
CRYSTAL RIVER, FL 34428

**New Mailing Address:**

FEI Number: 56-2404609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOWERS, THELMA  
113 NW CRYSTAL ST  
CRYSTAL RIVER, FL 34428 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: DP ( ) Delete  
Name: BOWERS, THELMA  
Address: 113 NW CRYSTAL ST  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete  
Name: SKY, JIM  
Address: PO BOX 1941  
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D ( ) Delete  
Name: SHIRKEY, DAVE PASTOR  
Address: 1828 KIMBERLY LANE  
City-St-Zip: INVERNESS, FL 34452

**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:

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: THELMA PEARL BOWERS

DR

05/01/2004

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

\_\_\_\_\_  
Date