NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 15 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003718

1. Entity Name
WELLSPRING, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 03

2. Principal Place of Business	3. Mailing Address
113 NW CRYSTAL ST.	113 NW CRYSTAL ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRYSTAL RIVER, FL	City & State: CRYSTAL RIVER, FL
Zip: 34428 Country: CITRUS	Zip: 34428 Country: CITRUS

4. FEI Number: 56-2404609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: THELMA BOWERS

Street Address (P.O. Box Number is Not Acceptable): 113 NW CRYSTAL ST

City: CRYSTAL RIVER FL Zip Code: 34428

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: Thelma Bowers
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE: $ 61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	FOUNDING DIRECTOR / PRES.
NAME	THELMA BOWERS
STREET ADDRESS	113 NW CRYSTAL ST
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	DIRECTOR
NAME	JIM SKY
STREET ADDRESS	[redacted] POBOX 1941
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423
TITLE	DIRECTOR
NAME	PASTOR DAVE SHIRKEY
STREET ADDRESS	1828 KIMBERLY LANE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thelma Bowers 10/16/03 (352)212-9639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JP 10/17