2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# N03000007529

Entity Name: WELLSPRING INTERNATIONAL CHURCH INC.

Current Principal Place of Business:

2800 ASHTON RD
SARASOTA, FL 34231 US

New Principal Place of Business:

7177 BEE RIDGE RD
SARASOTA, FL 34241 US

Current Mailing Address:

P. O. BOX 19466
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 01-0796248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID, WILSON R PASTOR
6235 SKYWARD COURT
BRADENTON, FL 34203 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: P ( ) Delete
Name: WILSON, DAVID R
Address: 6235 SKYWARD COURT
City-St-Zip: BRADENTON, FL 34203

Title: VP ( ) Delete
Name: WILSON, LINDSEY N
Address: 6235 SKYWARD COURT
City-St-Zip: BRADENTON, FL 34203

Title: TREA ( ) Delete
Name: WILSON, ANDREW P
Address: 6356 ROOKERY CIRCLE
City-St-Zip: BRADENTON, FL 34203

Title: SEC ( ) Delete
Name: WILSON, DIANA M
Address: 6356 ROOKERY CIRCLE
City-St-Zip: BRADENTON, FL 34203

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 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: LINDSEY N WILSON VP 04/05/2007
Electronic Signature of Signing Officer or Director Date