

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003429

FILED
Feb 27, 2006
Secretary of State

Entity Name: MULTIPLE SCLEROSIS WELLSRING OF HOPE, INC.

Current Principal Place of Business:

1895 KINGSLEY AVE - SUITE 903
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1895 KINGSLEY AVE - SUITE 903
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 34-2045387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARONEY, TAMMERA MSW
4459 DEER VALLEY DR
JACKSONVILLE, FL 32210 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: MAQUERA, VICTOR MD
Address: 1895 KINGSLEY AVE - SUITE 903
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: COPNEY, SANDY
Address: 4459 CARAWAY ST
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: BUTTERFIELD, TINA RN
Address: 396 MAPLEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HUME, JOEY
Address: JULINGTON CREEK RD.
City-St-Zip: JACKSONVILLE, FL

Title: D () Change (X) Addition
Name: WEIGEL, MEGAN ARNP
Address: 12814 KELSEY ISLAND DR
City-St-Zip: JACKSONVILLE, FL 32224

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: TAMMERA MARONEY, MSW

EXED

02/27/2006

Electronic Signature of Signing Officer or Director

Date