

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003429

FILED  
Jan 17, 2008  
Secretary of State

**Entity Name:** MULTIPLE SCLEROSIS WELLSPRING OF HOPE, INC.

**Current Principal Place of Business:**

4459 DEER VALLEY DR  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4459 DEER VALLEY DR  
JACKSONVILLE, FL 32210

**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 T MD  
Address: 1895 KINGSLEY AVE - SUITE 903  
City-St-Zip: ORANGE PARK, FL 32073

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

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

Title: D ( ) Delete  
Name: HUME, JOEY T TAMMERA  
Address: JULINGTON CREEK RD.  
City-St-Zip: JACKSONVILLE, FL

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

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TINA BUTTERFIELD, RN

D

01/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date