

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003679

FILED
Feb 26, 2008
Secretary of State

Entity Name: THE CHURCH AT THE WELL INC.

Current Principal Place of Business:

600 N. HWY 17/92
#120
LONGWOOD, FL 32750

New Principal Place of Business:

109 ORANGE RIDGE DR.
LONGWOOD, FL 32779

Current Mailing Address:

P O BOX 952465
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 20-2460334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JOSEPH A REV.
600 N. HWY 17/92
120
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

THOMPSON, JOSEPH A REV.
109 ORANGE RIDGE DR.
LONGWOOD, FL 32779 US

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: _____ Date: 02/26/2008
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, JOSEPH A
Address: 25543 HAWKS RUN LN
City-St-Zip: SORRENTO, FL 32776

Title: T () Delete
Name: MAST, RON A
Address: 7530 COLBY CT
City-St-Zip: COLORADO SPRINGS, CO 80919

Title: S () Delete
Name: THOMPSON, SOLA
Address: 25543 HAWKS RUN LN
City-St-Zip: SORRENTO, FL 32776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMPSON, JOSEPH A
Address: 109 ORANGE RIDGE DR.
City-St-Zip: LONGWOOD, FL 32779

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

Title: S (X) Change () Addition
Name: THOMPSON, SOLA
Address: 109 ORANGE RIDGE DR.
City-St-Zip: LONGWOOD, FL 32779

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: SOLA THOMPSON SEC. Date: 02/26/2008
Electronic Signature of Signing Officer or Director