

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2009  
Secretary of State**

DOCUMENT# N05000003679

Entity Name: THE CHURCH AT THE WELL INC.

**Current Principal Place of Business:**

109 ORANGE RIDGE DR.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**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.  
109 ORANGE RIDGE DR.  
LONGWOOD, FL 32779      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: THOMPSON, JOSEPH A  
Address: 109 ORANGE RIDGE DR.  
City-St-Zip: LONGWOOD, FL 32779

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: 109 ORANGE RIDGE DR.  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: MAST, RON A  
Address: 12675 WOODRUFF DR  
City-St-Zip: COLORADO SPRINGS, CO 80921

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: SOLA THOMPSON

S

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date