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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003161 (6)**

1. Corporation Name

WELLSPRING UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**10619 HENDERSON RD.
TAMPA FL 33625-4917**

**10619 HENDERSON RD.
TAMPA FL 33625-4917**



3. Date Incorporated or Qualified

06/24/1994

4. FEI Number

59-3250682

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEADOWS, DELBERT L.
11101 SUMMER DRIVE
TAMPA FL 33624**

81 Name

JOHN P. LOPILATO

82 Street Address (P.O. Box Number is Not Acceptable)

6022 LEMON TREE COURT

83

84 City

TAMPA

FL

85

Zip Code
33625

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

John P. Lopilato

1-17-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ORR, CHUCK
12505 LIMPET DR.
TAMPA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**TR
TOM YEAGER
6805 MONIQUE AVE.
TAMPA, FL 33625**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEADOWS, DELBERT L.
11101 SUMMER DRIVE
TAMPA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**TR
JOHN P. LOPILATO
6022 LEMON TREE CT.
TAMPA, FL 33625**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HILL, FRANK
8012 BEATY GROVE DRIVE
TAMPA FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**TR
TOM JONES
4508 VIEWRIDGE WAY
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GLAVIN, FRANK
13523 IRONTON DRIVE
TAMPA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LUE, DERRICK
13313 KRAMERIA WAY
TAMPA FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RENAULT, JAMES
9307 ROCKPORT PLACE
TAMPA FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John P. Lopilato

JOHN P. LOPILATO

1-17-98 (813)269-9240

CR2E037 (10/97)