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03-02-1999 90015 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003161					
1. Corporation Name WELLSPRING UNITED METHODIST CHURCH, INC.					
Principal Place of Business 10619 HENDERSON RD. TAMPA FL 33625-4917			Mailing Address 10619 HENDERSON RD. TAMPA FL 33625-4917		
2. Principal Place of Business 21 10701 SHELDON RD Suite, Apt. #, etc. 22		2a. Mailing Address 26 10701 SHELDON RD Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/24/1994	
City & State 23 TAMPA, FL		City & State 28 TAMPA, FL		4. FEI Number 59-3250682 Applied For Not Applicable	
Zip 24 33626		Country 25 HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29 33626		Country 30 HILLSBOROUGH		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LOPILATO, JOHN P 6022 LEMON TREE CT TAMPA FL 33625			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ 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 T NAME YEAGER, TOM STREET ADDRESS 6805 MONIQUE AVE CITY-ST-ZIP TAMPA FL 33625 <input checked="" type="checkbox"/> DELETE			1.1 TITLE T 1.2 NAME JOHN THORINGTON 1.3 STREET ADDRESS 10117 BENNINGTON DR 1.4 CITY-ST-ZIP TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE T NAME LOPILATO, JOHN P STREET ADDRESS 6022 LEMON TREE CT CITY-ST-ZIP TAMPA FL 33625 <input type="checkbox"/> DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME JONES, TOM STREET ADDRESS 4508 VIEWRIDGE WY CITY-ST-ZIP TAMPA FL 33624 <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME GLAVIN, FRANK STREET ADDRESS 13523 IRONTON DRIVE CITY-ST-ZIP TAMPA FL <input checked="" type="checkbox"/> DELETE			4.1 TITLE T 4.2 NAME GREG JONES 4.3 STREET ADDRESS 8911 HANNIGAN CT. 4.4 CITY-ST-ZIP TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE T NAME LUE, DERRICK STREET ADDRESS 13313 KRAMERIA WAY CITY-ST-ZIP TAMPA FL <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME RENAULT, JAMES STREET ADDRESS 9307 ROCKPORT PLACE CITY-ST-ZIP TAMPA FL <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 (813) 926-5006
Date Daytime Phone #

CR2E037 (11/98)