

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001069

FILED
Apr 27, 2007
Secretary of State

Entity Name: LIFESPRING COMMUNITY CHURCH OF TAMPA, INC.

Current Principal Place of Business:

914 W 131ST AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

914 W 131ST AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 90-0069273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, BRUCE D REV.
6005 DOC THOMPSON RD
PLANT CITY, FL 33565 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: PD () Delete
Name: WRIGHT, BRUCE D
Address: 6005 DOC THOMPSON RD
City-St-Zip: PLANT CITY, FL 33565

Title: STD () Delete
Name: WRIGHT, ELAINE
Address: 6005 DOC THOMPSON RD
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: WRIGHT, JONATHAN C
Address: 6003 DOC THOMPSON RD
City-St-Zip: PLANT CITY, FL 33565

Title: S () Delete
Name: WRIGHT, AMANDA
Address: 6003 DOC THOMPSON RD
City-St-Zip: PLANT CITY, FL 33565

Title: T () Delete
Name: BLINDER, ROBIN
Address: 6139 FJORD WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

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: AMANDA WRIGHT

S

04/27/2007

Electronic Signature of Signing Officer or Director

Date