

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90135 011 ****61.25

0044206

DOCUMENT # N96000001069

1. Entity Name
LIFESPRIING COMMUNITY CHURCH OF TAMPA, INC.



Principal Place of Business Mailing Address
914 W 131ST AVE **914 W 131ST AVE**
TAMPA FL 33612 **TAMPA FL 33612**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number ~~59-3140168~~
90-0069273 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WRIGHT, BRUCE D REV.
6005 DOC THOMPSON RD
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD WRIGHT, BRUDCE D	<input type="checkbox"/> Delete
STREET ADDRESS	6005 DOC THOMPSON RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE NAME	STD WRIGHT, ELAINE	<input type="checkbox"/> Delete
STREET ADDRESS	6005 DOC THOMPSON RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE NAME	D WRIGHT, JONATHAN C	<input type="checkbox"/> Delete
STREET ADDRESS	6003 DOC THOMPSON RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D AMANDA WRIGHT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6003 DOC THOMPSON RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **BRUCE D. WRIGHT** 5-21-03 (613) 933-6225

CR2E037 (10/02)

Attachment

80122590

N96000001069

We have had a

FEI change.

New FEI is

90-0069273