2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N96000002124

Entity Name: SPRING HOUSE INSTITUTE, INC.

Current Principal Place of Business:

3117 OKEEHEEPKEE RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 10146
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 01-0876670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN BRUNT LEWIS, CLIFTON
3117 OKEEHEEPKEE RD.
TALLAHASSEE, FL 32303 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: LEWIS, CLIFTON V
Address: 3117 OKEEHEEPKEE RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VPD ( ) Delete
Name: POSNER, PATRICIA P ESQ.
Address: 310 N JEFFERSON ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD ( ) Delete
Name: RUDLOE, ANNE PH.D.
Address: 151 CLARK DRIVE
City-St-Zip: PANACEA, FL 32346

Title: EVP ( ) Delete
Name: MASHBURN, BYRD LEWIS
Address: 3117 OKEEHEEPKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: BC ( ) Delete
Name: LEWIS, GEORGE III
Address: 3117 OKEEHEEPKEE ROD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: POSNER, OLIVIA
Address: 1224 MAPLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

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 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: OLIVIA A. POSNER ST 01/10/2007

Electronic Signature of Signing Officer or Director — Date