

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 25, 2009**  
**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 B  
Address: 3117 OKEEHEEPKEE RD.  
City-St-Zip: TALLAHASSEE, FL 32303Title: VPD ( ) Delete  
Name: POSNER, PATRICIA P ESQ.  
Address: 310 N JEFFERSON ST  
City-St-Zip: TALLAHASSEE, FL 32301Title: STD ( ) Delete  
Name: POSNER, OLIVIA  
Address: 1224 MAPLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301Title: EVP ( ) Delete  
Name: MASHBURN, BYRD LEWIS  
Address: 436 WILLIAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32303Title: BC ( ) Delete  
Name: LEWIS, GEORGE III  
Address: 3117 OKEEHEEPKEE RD  
City-St-Zip: TALLAHASSEE, FL 32303Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: SEC (X) Change ( ) Addition  
Name: POSNER, OLIVIA  
Address: 1224 MAPLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: TR ( ) Change (X) Addition  
Name: LEWIS, WILLIAM V  
Address: PO BOX 323  
City-St-Zip: PANACEA, FL 32346

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: OLIVIA POSNER

SEC

09/25/2009

Electronic Signature of Signing Officer or Director

Date