

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002124

FILED
Mar 28, 2011
Secretary of State

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

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

Title: SEC
Name: POSNER, OLIVIA
Address: 1224 MAPLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: EVP
Name: MASHBURN, BYRD LEWIS
Address: P.O. BOX 10146
City-St-Zip: TALLAHASSEE, FL 32302

Title: BC
Name: LEWIS, GEORGE III
Address: 204 MILL BRANCH ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: TR
Name: LEWIS, WILLIAM V
Address: PO BOX 323
City-St-Zip: PANACEA, FL 32346

I hereby 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 all other like empowered.

SIGNATURE: CLIFTON VAN BRUNT LEWIS

PD

03/28/2011

Electronic Signature of Signing Officer or Director

Date