

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005665

1. Entity Name
WELLSPRINGS OF LIFE INTERNATIONAL, INC.



Principal Place of Business
221 PUTNAM AVE
ORMOND BEACH, FL 32174

Mailing Address
221 PUTNAM AVE
ORMOND BEACH, FL 32174



02032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3536135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUHMACHER, ROSE
221 PUTNAM AVE
ORMOND BCH, FL 32174

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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 obligation of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent Signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHUHMACHER, ROSE
221 PUTNAM AVE
ORMOND BCH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SCOTT, IRENE
3015 N HALIFAX #C25
DAYTONA BEACH, FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PENNY, JOHN
721 RIDGEWOOD AVE
HOLLY HILL, FL 32117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11030103440142
03/02/06-80023-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06
Date

Daytime Phone #