

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90038 020 ***158.75

DOCUMENT # P98000043232

1. Entity Name

WELLSPRING COUNSELING CENTER, INC.



Principal Place of Business

1435 COLLINGSWOOD BLVD.
SUITE G
PORT CHARLOTTE FL 33948

Mailing Address

3284 HIGHLANDS RD.
PUNTA GORDA FL 33983



2. Principal Place of Business - No P.O. Box #
20020 Veterans Blvd

3. Mailing Address

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.

City & State
Port Charlotte FL

City & State

Zip
33954

Country
Charlotte

Zip

Country

4. FEI Number 65-0837577

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

WESER, STAN
3284 HIGHLANDS ROAD
PUNTA GORDA FL 33983

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 date. (If applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
WESER, LINDA
3284 HIGHLANDS RD.
PUNTA GORDA FL 33983 ☐ Delete

TITLE
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CITY- ST- ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

3.4.08 941-624-5918