

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S01975

Entity Name: WELLSPRING INSTITUTE, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

14 BEAVERDAM KNOLL RD
ASHEVILLE, NC 28804

New Principal Place of Business:

Current Mailing Address:

14 BEAVERDAM KNOLL RD
ASHEVILLE, NC 28804

New Mailing Address:

FEI Number: 65-0221738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, LINDA S
6300 NW 2ND AVE. #208
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEWMAN, LINDA S
Address: 14 BEAVERDAM KNOLL RD
City-St-Zip: ASHEVILLE, NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NEWMAN, LINDA S
Address: 14 BEAVERDAM KNOLL RD
City-St-Zip: ASHEVILLE, NC 28804 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA S NEWMAN

PRES

04/13/2005

Electronic Signature of Signing Officer or Director

Date