#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000012644

Entity Name: WELLSPRING FOUNDATION, INC.

### **Current Principal Place of Business:**

ATTN: AARON COCH

220 SOUTH HANSELL STREET THOMASVILLE, GA 31792

## **Current Mailing Address:**

ATTN: AARON COCH

220 SOUTH HANSELL STREET THOMASVILLE, GA 31792

FEI Number: 82-3811182 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

**FILED** May 01, 2023

**Secretary of State** 

7373713916CC

#### Officer/Director Detail:

Title PD Title VD

Name WILLIAMS, MARK E Name WILLIAMS, LAURA M

220 SOUTH HANSELL STREET 220 SOUTH HANSELL STREET Address Address

THOMASVILLE GA 31792 City-State-Zip: THOMASVILLE GA 31792 City-State-Zip:

Title STD

Name WILLIAMS, DYLAN P

Address 220 SOUTH HANSELL STREET City-State-Zip: THOMASVILLE GA 31792

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: MARK E WILLIAMS

PD

05/01/2023