

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001069

**Entity Name:** LIFESPRING COMMUNITY CHURCH OF TAMPA, INC.

**Current Principal Place of Business:**

914 W 131ST AVE  
TAMPA, FL 33612

**Current Mailing Address:**

PO BOX 82494  
TAMPA, FL 33682-2494 US

**FEI Number: 90-0069273**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WRIGHT, BRUCE DREV.  
6005 DOC THOMPSON RD  
PLANT CITY, FL 33565 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

**Officer/Director Detail :**

Title PD  
Name WRIGHT, BRUCE D  
Address 6005 DOC THOMPSON RD  
City-State-Zip: PLANT CITY FL 33565

Title STD  
Name WRIGHT, ELAINE  
Address 6005 DOC THOMPSON RD  
City-State-Zip: PLANT CITY FL 33565

Title D  
Name WRIGHT, JONATHAN C  
Address 6003 DOC THOMPSON RD  
City-State-Zip: PLANT CITY FL 33565

Title S  
Name WRIGHT, AMANDA  
Address 6003 DOC THOMPSON RD  
City-State-Zip: PLANT CITY FL 33565

Title T  
Name LEE, CYNTHIA  
Address 13112 BURNES LAKE DR  
City-State-Zip: TAMPA FL 33612

*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: AMANDA WRIGHT**

**S**

**07/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date