# DOCUMENT# N96000001069

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

914 W 131ST AVE TAMPA, FL 33612

### **Current Mailing Address:**

914 W 131ST AVE TAMPA, FL 33612

### FEI Number: 90-0069273

### Name and Address of Current Registered Agent:

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

Date

FILED

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	PD	Title	STD
Name	WRIGHT, BRUCE D	Name	WRIGHT, ELAINE
Address	6005 DOC THOMPSON RD	Address	6005 DOC THOMPSON RD
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	PLANT CITY FL 33565
Title	D	Title	S
THE	D	The	0
Name	WRIGHT, JONATHAN C	Name	WRIGHT, AMANDA
Address	6003 DOC THOMPSON RD	Address	6003 DOC THOMPSON RD
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	PLANT CITY FL 33565
Title	Т		
Name	BLINDER, ROBIN		
Address	6139 FJORD WAY		
City-State-Zip:	NEW PORT RICHEY FL 34652		
Ony Otate Zip.			

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.

S

#### SIGNATURE: AMANDA WRIGHT

Electronic Signature of Signing Officer/Director Detail