

1.) CORPORATION NAME:

Wellspring Life Center, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**EMMETT L JONES
300 ARBORETUM PLACE
SUITE 118**

SCC ID NO: **07082548**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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NORTH CHESTERFIELD, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 ARBORETUM PLACE
SUITE 118

CITY/ST/ZIP: NORTH CHESTERFIELD, VA 23236

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	EMMETT L JONES JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	13807 BEECHWOOD POINT CIR		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		

NAME:	DIANE SCARBORO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2901 ROBERT HUNT SOUTH		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	ROBERT SHIFLETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	13815 DEER RUN CT		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		

NAME:	SUSAN DE JESUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	2311 NELSON STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23228		

NAME:	CARLOS DE JESUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	2311 NELSON STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23228		

NAME:	STEPHEN GLIDDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	13809 BEECHWOOD POINT CIR		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIGMUND SEILER OFFICER 13202 BRONCROFT COURT MIDLOTHIAN, VA 23113	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dennis Lacheney OFFICER 11930-D Old Stage Road Chester, VA 23836	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Suzanne Lacheney OFFICER 11930-D Old Stage Road Chester, VA 23836	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DIANE SCARBORO	DIANE SCARBORO, TREASURER	4/21/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.