

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003085

Entity Name: LIFE SPRINGS, INC**Current Principal Place of Business:**19460 E PENNSYLVANIA AVE
DUNNELLON, FL 34432**Current Mailing Address:**P.O. BOX 1969
DUNNELLON, FL 34430**FEI Number: 41-2061229****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NIEDERMAYER, JACK E
22281 SW PINE BLUFFS RD
DUNNELLON, FL 34431 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	D
Name	RAMON, ELI
Address	8391 SW 202ND TERRACE
City-State-Zip:	DUNNELLON FL 34431

Title	D
Name	MICHELLE, GUNTER
Address	19880 SW 107TH LN
City-State-Zip:	DUNNELLON FL 34432

Title	DP
Name	NIEDERMAYER, JACK A SR.
Address	11536 VOGT SPRINGS RD
City-State-Zip:	DUNNELLON FL 34431

Title	DVP
Name	NIEDERMAYER, JACK E
Address	22281 SW PINE BLUFF RD
City-State-Zip:	DUNNELLON FL 34431

Title	DTS
Name	NIEDERMAYER, ROBIN M
Address	11536 VOGT SPRINGS RD
City-State-Zip:	DUNNELLON FL 34431

Title	DIRECTOR
Name	HAMMOND , DOUG
Address	4721 SW 22ND PL
City-State-Zip:	OCALA FL 34474

Title	DIRECTOR
Name	CARSBERG, RICHARD
Address	11873 N BLUFF COVE PATH
City-State-Zip:	DUNNELLON FL 34434

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: JACK A. NIEDERMAYER SR**DP****04/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date