### 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.

CEO

#### SIGNATURE: NANCY ECKERT

Electronic Signature of Signing Officer/Director Detail

## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N09000011315

Entity Name: LIFESOUTH COMMUNITY FOUNDATION, INC.

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

4039 W NEWBERRY ROAD GAINESVILLE. FL 32607

### **Current Mailing Address:**

4039 W NEWBERRY ROAD GAINESVILLE. FL 32607 US

### FEI Number: 27-2091960

### Name and Address of Current Registered Agent:

KINSELL, KIMBERLY E 4039 W NEWBERRY ROAD GAINESVILLE, FL 32607 US 6188876209CC

Certificate of Status Desired: Yes

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	CEOD	Title	TD
Name	ECKERT, NANCY	Name	SPITZNAGEL, RONALD
Address	4039 W NEWBERRY ROAD	Address	4039 NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607
Title	VPD	Title	SD
Title Name	VPD BROOKS, GARY	Title Name	SD ECKERT, JAMES F

04/30/2020

Date

# FILED Apr 30, 2020 Secretary of State

Date