

**2021 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**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KINSELL, KIMBERLY E  
4039 W NEWBERRY ROAD  
GAINESVILLE, FL 32607 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	CEOD
Name	KINSELL, KIMBERLY E
Address	4039 W NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32607

Title	TD
Name	SPITZNAGEL, RONALD
Address	4039 NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32607

Title	VPD
Name	BROOKS, GARY
Address	4039 NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32607

Title	SD
Name	ECKERT, JAMES F
Address	4039 NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32607

*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: KIMBERLY E. KINSELL****CEO****03/15/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date