

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P36410

**Entity Name:** THE LIFESPACE FOUNDATION, INC.

**Current Principal Place of Business:**

4201 CORPORATE DRIVE  
WEST DES MOINES, IA 50266

**Current Mailing Address:**

4201 CORPORATE DRIVE  
WEST DES MOINES, IA 50266 US

**FEI Number: 42-1370848**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT AND CEO  
Name            JANTZEN, JESSE  
Address        4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title            DIRECTOR  
Name            EPP, EDWIN LAVERNE J  
Address        4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title            DIRECTOR  
Name            KEHM, ROBERT C  
Address        4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title            DIRECTOR  
Name            SHIVES, PAULA J  
Address        4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title            CFO, TREASURER AND CORP.  
SECRETARY  
Name            HARSHFIELD, NICHOLAS L  
Address        4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title            DIRECTOR  
Name            DUTRA, ANA  
Address        4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title            DIRECTOR  
Name            SPANGLER, PATRICK  
Address        4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title            DIRECTOR  
Name            YANOFSKY, NEAL  
Address        4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

**Continues on page 2**

*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: NICHOLAS A. HARSHFIELD**

**CFO/TREASURER/SECRE 02/23/2022  
TARY**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DARKEY-HRINYA, JOYCE  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR  
Name COLLIER, SCOTT  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR  
Name BLACKFORD, GARY  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR  
Name WILLIAMS, DAVID  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR  
Name FIELDS, VENITA  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR  
Name DOTTER, LAURIE  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR  
Name SOKEYE, JONATHAN  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR  
Name DELVAUX, SUSAN JANE  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266