

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000011315

**FILED**  
**Oct 11, 2010**  
**Secretary of State**

**Entity Name:** FIVE POINTS OF LIFE FOUNDATION, INC.

**Current Principal Place of Business:**

4039 W NEWBERRY ROAD  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

4039 W NEWBERRY ROAD  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 27-2091960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

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:** KIMBERLY E. KINSELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MCGRIFF, PERRY  
**Address:** 1120 NW 13TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32601

**Title:** D  
**Name:** ECKERT, NANCY  
**Address:** 4039 W NEWBERRY ROAD  
**City-St-Zip:** GAINESVILLE, FL 32607

**Title:** D  
**Name:** SPITZNAGEL, RON  
**Address:** 3521 NW 35TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** D  
**Name:** SHERTZER, MARK  
**Address:** PO BOX 813  
**City-St-Zip:** DOTHAN, AL 36302

**Title:** D  
**Name:** STECHMILLER, BRUCE MD  
**Address:** 3124 NW 18TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32605

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:** NANCY ECKERT

CEO

10/11/2010

Electronic Signature of Signing Officer or Director

Date