2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2021
Secretary of State
5018488569CC

DOCUMENT# N18000010246

Entity Name: LIVE WELL FOUNDATION OF SOUTH LAKE, INC.

Current Principal Place of Business:

1900 DON WICKHAM DRIVE
CLERMONT, FL 34711

Current Mailing Address:

1900 DON WICKHAM DRIVE
CLERMONT, FL 34711 US

FEI Number: 83-2073135

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, PHILLIP S ESQ
26736 US HIGHWAY 27
SUITE 202
LEESBURG, FL 34748 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	DIRECTOR
Name	DRAWDY, RODNEY
Address	1051 E. HIGHWAY 50
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	SMITH, LINDA
Address	1323 BRIARHAVEN LANE
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	BROADWAY, CHARLES
Address	3600 S. HIGHWAY 27
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	ELSWICK, SHANNON
Address	12903 MAGNOLIA POINTE BOULEVARD
City-State-Zip:	CLERMONT FL 34711

Title	CHAIRMAN
Name	KESSELRING, KASEY DR.
Address	17235 7TH STREET
City-State-Zip:	MONTVERDE FL 34756

Title	DIRECTOR
Name	BERENS, ROB
Address	1927 BRANTLEY CIRCLE
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	DUKE, JEFF DR.
Address	11634 AUDUBOND LANE
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	GUNASEKERA, LUSHANTHA DR.
Address	12802 MAGNOLIA POINTE BOULEVARD
City-State-Zip:	CLERMONT FL 34711

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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: KASEY KESSELRING, DR. CHAIRMAN 01/28/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HAMILTON, JIM
Address	5513 RIVER BEND ROAD
City-State-Zip:	GROVELAND FL 34736

Title	DIRECTOR
Name	MCLEAN, SUSAN
Address	PO BOX 120902
City-State-Zip:	CLERMONT FL 34712

Title	DIRECTOR
Name	JONES, JOANN DR.
Address	12201 CYPRESS LANDING AVENUE
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	NUSSBAUMER, JIMMY
Address	11612 STATE ROAD 33
City-State-Zip:	GROVE FL 34736