

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:** No**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 TREASURER
Name DRAWDY, RODNEY
Address 1051 E. HIGHWAY 50
City-State-Zip: CLERMONT FL 34711

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

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

Title DIRECTOR
Name BERENS, ROB
Address 1927 BRANTLEY CIRCLE
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 DUKE, JEFF DR.
Address 11634 AUDUBOND LANE
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name ELSWICK, SHANNON
Address 12903 MAGNOLIA POINTE
 BOULEVARD
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 KESSELRINGPRESIDENT AND
CHAIRMAN

06/10/2020

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