

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009299

**Entity Name:** COMMUNITY SPRING, INC.**Current Principal Place of Business:**312 NW 4TH AVENUE  
GAINESVILLE, FL 32601**Current Mailing Address:**PO BOX 5811  
GAINESVILLE, FL 32627 US**FEI Number: 84-3086998****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TIPPING, MAXWELL  
312 NW 4TH AVENUE  
GAINESVILLE, FL 32601 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
Name	CAMILLO, STEPHANIE
Address	9609 CLEARVIEW PLACE
City-State-Zip:	SILVER SPRING MD 20901

Title	SECRETARY
Name	SMITH, CLINTON
Address	9809 HOLLOW GLEN PL
City-State-Zip:	SILVER SPRING MD 20910

Title	CEO
Name	KALLMAN, LINDSAY
Address	312 NW 4TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601

Title	DIRECTOR
Name	KOBY, MELISSA
Address	322 W GIDDENS AVE
City-State-Zip:	TAMPA FL 33603

Title	TREASURER
Name	SYKES, BRANDON
Address	5749 SW 75TH DR #325
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	FUGERE, PATRICIA
Address	3913 KENNEDY STREET
City-State-Zip:	HYATTSVILLE MD 20781

*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: LINDSAY KALLMAN****EXECUTIVE DIRECTOR****05/22/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date