

2022 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 DIRECTOR
Name POLK, JHODY
Address 326 SW 4TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title TREASURER
Name THOMAS, MARGUERITE
Address 2716 NW 32ND STREET
City-State-Zip: GAINESVILLE FL 32605

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

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****04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date