# SIGNATURE: THOMAS L. AVRUTIS

Electronic Signature of Signing Officer/Director Detail

Entity Name: CENTER FOR SPIRITUAL LIVING MANATEE, INC.

**Current Principal Place of Business:** 

201 FLETCHER AVE SUITE 200 SARASOTA, FL 34237

#### **Current Mailing Address:**

DOCUMENT# N0000007988

P.O. BOX 4137 SARASOTA, FL 34230 US

# FEI Number: 65-1061752

# Name and Address of Current Registered Agent:

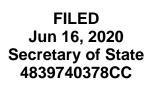
AVRUTIS, THOMAS L HODGES AVRUTIS FOELLER P.O. BOX 4137 SARASOTA, FL 34237 US

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:                | THOMAS L. AVRUTIS                        |                            |  | 06/16/2020 |
|---------------------------|--|----------------------------|--|------------|
|                           | Electronic Signature of Registered Agent |                            |  | Date       |
| Officer/Director Detail : |  |                            |  |            |
| Title                     | т  | Title                      | PRESIDENT                              |            |
| Name                      | ESCOBAR, DIANA A                         | Name                       | RITZ, DAVID OWEN                       |            |
| Address                   | 4126 VIA PIEDRA CIRCLE                   | Address                    | 1104 59TH AVE W                        |            |
| City-State-Zip:           | SARASOTA FL 34243                        | City-State-Zip:            | UNIT B<br>BRADENTON FL 34234           |            |
|                           | VP<br>AVRUTIS, THOMAS L<br>P.O. BOX 4137 | Title<br>Name              | SECRETARY<br>HOFFMAN, CASEY M          |            |
| City-State-Zip:           | SARASOTA FL 34230                        | Address<br>City-State-Zip: | P.O. BOX 267<br>BRADENTON BEACH FL 342 | 17         |

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.

# 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



Certificate of Status Desired: No

06/16/2020

VICE PRESIDENT

Date