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: MARGARET MORGAN

Electronic Signature of Signing Officer/Director Detail

TOMPKINS, LINDA L 3706 39TH ST W BRADENTON, FL 34205 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	E: LINDA L TOMPKINS			01/28/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	TREASURER	Title	PRESIDENT		
Name	MORGAN, MARGARET	Name	CLEMENTE, MARIA		
Address	8480 SE 167 FORSYTH ST	Address	PO BOX 192		
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	LADY LAKE FL 32158		
Title	VP	Title	SECRETARY		
Name	POWERS, CLARE	Name	HARGROVE, BEVERLY JAYE		
Address	5707 45TH STREET E. LOT 207	Address	9650 RT 105		
City-State-Zip:	BRADENTON FL 34204	City-State-Zip:	BEECHWOOD NB E7J1Y1 CA	N Contraction of the second se	

# Name and Address of Current Registered Agent:

# **Current Mailing Address:**

8480 SE 167 FORSYTH ST THE VILLAGES. FL 32162 US

# FEI Number: 65-1061752

# DOCUMENT# N0000007988

Entity Name: CENTER FOR SPIRITUAL LIVING MANATEE, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

8480 SE 167 FORSYTH ST THE VILLAGES, FL 32162

# Certificate of Status Desired: No

TREASURER

01/28/2024

# FILED Jan 28, 2024 Secretary of State 0620938386CC

Date