

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 08, 2009
Secretary of State**

DOCUMENT# N08000003350

Entity Name: CENTER FOR LOSS AND HEALING, INC

Current Principal Place of Business:

8928 W HILLSBOROUGH AVE
TAMPA, FL 33615

New Principal Place of Business:

9002 W HILLSBOROUGH AVE
TAMPA, FL 33615

Current Mailing Address:

8928 W HILLSBOROUGH AVE
TAMPA, FL 33615

New Mailing Address:

9002 W HILLSBOROUGH AVE
TAMPA, FL 33615

FEI Number: 26-2342617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCNAMARA, DEANNE M
Address: 8928 W HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33615

Title: DP (X) Change () Addition
Name: MCNAMARA, DEANNE M
Address: 9002 W HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MCNAMARA, KEVIN
Address: 8928 W HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33615

Title: VP (X) Change () Addition
Name: OLU-JORDAN, BOLA
Address: APO BOX 17594
City-St-Zip: IBADAN, NG 20001

Title: DS () Delete
Name: HOLLAND, MARCI
Address: 8928 W HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33615

Title: DS (X) Change () Addition
Name: WANDELL, CHARLENE
Address: 404 WEST WASHINGTON
City-St-Zip: PRINCETON, IL 61356

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEANNE MARIE MCNAMARA

DP

07/08/2009

Electronic Signature of Signing Officer or Director

_____ Date