

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003350

FILED  
Jan 29, 2010  
Secretary of State

**Entity Name:** CENTER FOR LOSS AND HEALING, INC

**Current Principal Place of Business:**

9002 W HILLSBOROUGH AVE  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

9002 W HILLSBOROUGH AVE  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 26-2342617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

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

Title: VP  
Name: OLU-JORDAN, BOLA  
Address: APO BOX 17594  
City-St-Zip: IBADAN, NG 20001

Title: DS  
Name: WANDELL, CHARLENE  
Address: 404 WEST WASHINGTON  
City-St-Zip: PRINCETON, IL 61356

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: DEANNE MARIE MCNAMARA

PRES

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date