

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003350

FILED
Apr 21, 2011
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: PD
Name: MCNAMARA, DEANNE M
Address: 9002 W HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33615

Title: VP
Name: OLU-JORDAN, BOLA
Address: BLOCK 49 OKEBADAN ESTATE, AKOBO
City-St-Zip: IBADAN, NI

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: PASTOR DEANNE MCNAMARA

DM

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date