

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13407

FILED
Jul 04, 2009
Secretary of State

Entity Name: CENTER FOR SPIRITUAL LIVING INC. ST. AUGUSTINE

Current Principal Place of Business:

1795 OLD MOULTRIE RD
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 436
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-2638052 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

CLAIRE, ELIZABETH
953 ALCALA DR
ST. AUGUSTINE, FL 32086 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: M () Delete
Name: CLAIRE, ELIZABETH
Address: 953 ALCALA DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S () Delete
Name: KONOVER, PATRICIA R
Address: 1000 DEER CHASE DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T () Delete
Name: TANNER, KATHERYN L
Address: 5204 DRURY LN
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: JAMES, JUDY
Address: 3541 KINGS RD S
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: CLEMENTS, JAN
Address: 2770 LOJA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: P () Delete
Name: KAHRS, EVELYN
Address: P.O. BOX 840039
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RENARD, MADELINE
Address: 125 MARSHSIDE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JAMES, JUDY
Address: 3541 KINGS RD S
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: MARTIN, PAUL
Address: 109 TIDES EDGE PLACE
City-St-Zip: PONTE VEDRA, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINNIS KATHERY TANNER

T

07/04/2009

Electronic Signature of Signing Officer or Director

Date