2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13407

FILED Mar 28, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1795 OLD MOULTRIE RD

SAINT AUGUSTINE, FL 32084 US

Current Mailing Address: New Mailing Address:

P.O. BOX 436 1795 OLD MOULTRIE RD

ST. AUGUSTINE, FL 32085 SAINT AUGUSTINE, FL 32084 US

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

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

CLAIRE, ELIZABETH 953 ALCALA DR

ST. AUGUSTINE, FL 32086 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:

Title: M

Name: CLAIRE, ELIZABETH Address: 953 ALCALA DR

City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S

 Name:
 RENARD, MADELINE

 Address:
 125 MARSHSIDE DRIVE

 City-St-Zip:
 SAINT AUGUSTINE, FL 32080

Title:

Name: TANNER, KATHERYN L Address: 5204 DRURY LN

City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP

Name: MARTIN, PAUL

Address: 109 TIDES EDGE PLACE City-St-Zip: PONTE VEDRA, FL 32082

Title:

 Name:
 SULLIVAN, JUNE

 Address:
 406 FIRST STREET

 City-St-Zip:
 ST. AUGUSTINE, FL 32084

Title: F

Name: KAHRS, EVELYN Address: P.O. BOX 840039

City-St-Zip: SAINT AUGUSTINE, FL 32080

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: LINNIS KATHERYN TANNER T 03/28/2010