2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728842

Entity Name: CENTER FOR SPIRITUAL LIVING CAPE CORAL, INC.

FILED Mar 30, 2017 **Secretary of State** CC2878275391

Current Principal Place of Business:

406 S E 24TH AVENUE CAPE CORAL, FL 33990

Current Mailing Address:

406 S E 24TH AVENUE CAPE CORAL, FL 33990

FEI Number: 59-1497339 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REDFERN, MICHEL L. 1028 SE 20TH AVENUE CAPE CORAL, FL 33990 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: MICHEL L. REDFERN 03/30/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT DAVI, MALLIKA CORRIEL, JOHN Name Name

2710 DELPRADO BLVD. Address 1514 EDGEWATER CIRCLE Address

UNIT 2-211

City-State-Zip: FORT MYERS FL 33919 City-State-Zip: CAPE CORAL FL 33904

Title **TREASURER** Title TRUSTEE

Name O'BRIANT, PATRICK Name LACHAPELLE, SYLVIA

1704 NW 41ST AVENUE 12701 MASTIQUE BEACH BLVD. Address Address

#902 CAPE CORAL FL 33993

City-State-Zip: City-State-Zip: FT. MYERS FL 33908

Title **TRUSTEE**

Title **SECRETARY** REDFERN, MICHEL L. Name Name SMITH, JAMES D. Address 1028 SE 20TH AVENUE 3219 SW 7TH PLACE Address City-State-Zip: CAPE CORAL FL 33990 City-State-Zip: CAPE CORAL FL 33914

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.

03/30/2017 SIGNATURE: MICHEL L. REDFERN REGISTERED AGENT