

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003350

**FILED  
Apr 02, 2016  
Secretary of State  
CC8116259080**

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

**Current Principal Place of Business:**

9002 W HILLSBOROUGH AVE  
TAMPA, FL 33615

**Current Mailing Address:**

9002 W HILLSBOROUGH AVE  
TAMPA, FL 33615

**FEI Number: 26-2342617**

**Certificate of Status Desired: No**

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

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

**Officer/Director Detail :**

Title           TREASURER  
Name           YOUNG, DEBBIE  
Address        9002 WEST HILLSBOROUGH AVE  
City-State-Zip: TAMPA FL 33615

Title           SECRETARY  
Name           AHMED, JAMILEH J  
Address        3401 NORTH LAKEVIEW DRIVE  
                  UNIT 614  
City-State-Zip: TAMPA FL 33618

Title           PD  
Name           ABRAMS MCNAMARA, DEANNE  
Address        9002 W HILLSBOROUGH AVE  
City-State-Zip: TAMPA FL 33615

*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 ABRAMS MCNAMARA**

**PASTOR, DIRECTOR**

**04/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date