

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003350

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

Title TREASURER
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

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date