

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003350

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

**Current Principal Place of Business:**

9002 WEST HILLSBOROUGH AVE  
TAMPA, FL 33615

**Current Mailing Address:**

9002 WEST HILLSBOROUGH AVE  
TAMPA, FL 33615 US

**FEI Number:** 26-2342617

**Certificate of Status Desired:** No

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

UTERA, NATALIA ESQ.  
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:** NATALIA UTERA, ESQ

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           PRESIDENT  
Name           MCNAMARA, DEANNE ABRAMS  
Address        2477 STICKNEY POINT ROAD  
                  SUITE 115B  
City-State-Zip: SARASOTA FL 34231

Title           PASTOR, REGISTERED MENTAL  
                  HEALTH COUNSELOR  
Name           ABRAMS MCNAMARA, DEANNE  
Address        2477 STICKNEY POINT ROAD  
                  SUITE115B  
City-State-Zip: SARASOTA FL 34231

*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:** DEANNE ABRAMS MCNAMARA, MS RMHC

**EXECUTIVE DIRECTOR**

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date