

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000003350

Entity Name: CENTER FOR LOSS AND HEALING INC

Current Principal Place of Business:

2477 STICKNEY POINT RD #115B
SARASOTA, FL 34231

Current Mailing Address:

9002 W HILLSBOROUGH AVE
TAMPA, FL 33615

FEI Number: 26-2342617

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCNAMARA, DEANNE ABRAMS
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: DEANNE ABRAMS MCNAMARA

01/17/2021

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 9002 W HILLSBOROUGH AVE
City-State-Zip: TAMPA FL 33615

Title PASTOR, REGISTERED MENTAL
 HEALTH COUNSELOR INTERN
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: DEANNE ABRAMS MCNAMARA

PRESIDENT

01/17/2021

Electronic Signature of Signing Officer/Director Detail

Date