

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005515

**Entity Name:** CENTER FOR SPIRITUAL LIVING FLORIDA GULFCOAST, INC**Current Principal Place of Business:**6152 126TH AVENUE  
# 501  
LARGO, FL 33773**Current Mailing Address:**6152 126TH AVENUE  
# 501  
LARGO, FL 33773 US**FEI Number:** 59-3294689**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALL, HELEN M MS  
6066 113TH AVENUE NO  
PINELLAS PARK, FL 33782 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 TRUSTEE  
Name MARSH, TOMMY  
Address 8961-ANTIGUA DR.  
City-State-Zip: LARGO FL 33777

Title PTR  
Name WALL, HELEN M MS  
Address 6066 113TH AVENUE  
City-State-Zip: PINELLAS PARK FL 33782

Title TRUSTEE  
Name BAKER, CATHY  
Address 701 MAXIMO AVE.  
City-State-Zip: CLEARWATER FL 33759

Title TRUSTEE  
Name ARRINGTON, ROBERT MR  
Address 2894 ROLLINGWOOD CT  
City-State-Zip: CLEARWATER FL 33761

Title TR  
Name BATES, APRIL MS  
Address 625 66 AVENUE N  
City-State-Zip: ST PETERSBURG FL 33705

Title TRUSTEE  
Name HANO, VICTORIA MRS  
Address 300 BEACH DR.  
1001  
City-State-Zip: ST PETERSBURG FL 33701

Title SECRETARY  
Name ROBERTS, NORMA MRS  
Address 2005 12 AVENUE SO  
City-State-Zip: ST PETERSBURG FL 33712

Title VP  
Name ARACE, ROBERT J MR  
Address 11501 90 ST NO  
City-State-Zip: LARGO FL 33777

**Continues on page 2**

*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:** HELEN M. WALL**PRESIDENT****01/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                            |
|-----------------|----------------------------|
| Title           | TRUSTEE                    |
| Name            | PRESTON, MARTIN            |
| Address         | 6152 126TH AVENUE<br># 501 |
| City-State-Zip: | LARGO FL 33773             |