

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771274

**Entity Name:** CENTER FOR SPIRITUAL LIVING OCALA, INC.

**Current Principal Place of Business:**

1009 N.E. 28TH AVENUE  
OCALA, FL 34470

**Current Mailing Address:**

1009 N.E. 28TH AVENUE  
OCALA, FL 34470 US

**FEI Number:** 59-2414466

**Certificate of Status Desired:** Yes

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

GRIMES, CYNTHIA C  
1009 NE 28TH AVENUE  
OCALA, FL 34470 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:** CYNTHIA C GRIMES

07/28/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DAVIS, DONNA  
Address 1214 E SILVER SPRINGS BLVD.  
City-State-Zip: OCALA FL 34471

Title PASTOR  
Name GRIMES, CYNTHIA  
Address 405 SE 51ST AVENUE  
City-State-Zip: OCALA FL 34471

Title TREASURER  
Name ANDERSON, NORMA  
Address 1214 E. SILVER SPRINGS BLVD  
City-State-Zip: OCALA FL 34471

Title PRESIDENT  
Name JENSEN, RICHARD  
Address 1009 N.E. 28TH AVENUE  
City-State-Zip: OCALA FL 34470

Title MEMBER  
Name CONNORS, ERIN  
Address 1009 NE 28TH AVENUE  
City-State-Zip: OCALA FL 34470

Title SECRETARY  
Name DEESE, PAMELA  
Address 7962 SW 83RD PLACE  
City-State-Zip: OCALA FL 34476

*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:** CYNTHIA GRIMES

07/28/2022

Electronic Signature of Signing Officer/Director Detail

Date