

**2024 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

02/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name HATFIELD, KRISTINA  
Address 601 NE 42ND AVE  
APT. 54  
City-State-Zip: Ocala FL 34470

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

Title TREASURER  
Name GRIGAS, DAVID  
Address 3820 SE 33RD AVE  
City-State-Zip: Ocala FL 34480

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

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

Title MEMBER  
Name BROWN, PAM  
Address 18816 SE 19TH PLACE  
City-State-Zip: SILVER SPRINGS FL 34488

Title MEMBER  
Name EVANS, TIFFANY  
Address 16955 SE 101ST COURT ROAD  
City-State-Zip: SUMMERFIELD FL 34491

*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

REV.

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date