

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002372

**Entity Name:** JOHN & ALBERTHA SPENCER LIFE COACHING AND RESOURCES, INC.

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC7039357007**

**Current Principal Place of Business:**

5605 SAN MADELE DR.  
APT# 201  
TAMPA, FL 33617

**Current Mailing Address:**

5605 SAN MADELE DR.  
APT# 201  
TAMPA, FL 33617

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

SPENCER, ALI K  
5605 SAN MADELE DR.  
APT. 201  
TAMPA, FL 33617 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 P  
Name BAITY, KAREN S  
Address 5605 SAN MADELE DR. APT. #201  
City-State-Zip: TAMPA FL 33617

Title VP  
Name SPENCER, ALI K  
Address 5605 SAN MADELE DR. APT. #201  
City-State-Zip: TAMPA FL 33671

Title SEC  
Name DAVIS, AUDRIA R  
Address 31113 CHATTERLY DR.  
City-State-Zip: WESLEY FL 33543

*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: ALI K. SPENCER**

**VP**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date