

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002909

FILED
Jan 08, 2009
Secretary of State

Entity Name: SPENCER RECOVERY CENTERS, INC

Current Principal Place of Business:

1316 S COAST HWY
LAGUNA BEACH, CA 92651

New Principal Place of Business:

Current Mailing Address:

PO. BOX 118
MONROVIA, CA 91017

New Mailing Address:

FEI Number: 95-4107286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPENCER, CHRIS
601 71ST AVE
ST. PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

SPENCER, CHRIS
140 COREY AVE
ST. PETE BEACH, FL 33706 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: _____

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPENCER, CHRIS
Address: 1316 S COAST HWY
City-St-Zip: LAGUNA BEACH, CA 92651

Title: VPT () Delete
Name: NICHOLS, CYNTHIA
Address: 1316 S COAST HWY
City-St-Zip: LAGUNA BEACH, CA 92651

Title: S () Delete
Name: SALOGARCIA, CINDY
Address: 4860 TOPAZ DR
City-St-Zip: COLORADO SPGS, CO 80918

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SALO GARCIA, CINDY
Address: 4860 TOPAZ DR
City-St-Zip: COLORADO SPGS, CO 80918

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY SALO GARCIA

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01/08/2009

Electronic Signature of Signing Officer or Director

Date