

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010594

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** NEIGHBORHOOD HEALTH LITERACY GROUP INC.

**Current Principal Place of Business:**

4043 PALM BAY CIRCLE  
B  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX16604  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SPENCER, ALIA  
4043 PALM BAY CIRCLE  
B  
WEST PALM BEACH, FL 33406 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SPENCER, ALIA  
Address: 4043 B PALM BAY CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S  
Name: SPENCER, VALLERY  
Address: 2432 SUNNY HILL DRIVE  
City-St-Zip: CINCINNATI, OH 45225

Title: VP  
Name: SPENCER, DAVID  
Address: 2432 SUNNY HILL DRIVE  
City-St-Zip: CINCINNATI, OH 45225

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: ALIA SPENCER

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date