

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009764

**Entity Name:** LMA INSTITUTE INC.

**Current Principal Place of Business:**

2091 FAWN MEADOW CIRCLE  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

4701 OLD CANOE CREEK RD.  
700896  
SAINT CLOUD, FL 34769 US

**FEI Number:** 46-1238747

**Certificate of Status Desired:** Yes

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

SPENCER, ANDREA  
9025 FLORIBUNDA DRIVE  
ORLANDO, FL 32818 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:** ANDREA SPENCER

05/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name SPENCER, ANDREA  
Address 9025 FLORIBUNDA DRIVE  
City-State-Zip: ORLANDO FL 32818

Title S  
Name BARNETT, SHAYLA  
Address 9025 FLORIBUNDA DRIVE  
City-State-Zip: ORLANDO FL 32818

Title OFFICER  
Name SPENCER, ALTHIA  
Address 21413 NW13TH COURT  
City-State-Zip: MIAMI FL 33169

*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:** ANDREA SPENCER

PRESIDENT

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date