

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006716

FILED
Jan 28, 2009
Secretary of State

Entity Name: COMMUNITY OUTREACH TO PREVENT EATING DISORDERS, INC.

Current Principal Place of Business:

431 NORTH GRANDVIEW AVE.
DAYTONA BEACH, FL 32118

New Principal Place of Business:

115 E. GRANADA
SUITE 7
ORMOND BEACH, FL 32176

Current Mailing Address:

431 NORTH GRANDVIEW AVE.
DAYTONA BEACH, FL 32118

New Mailing Address:

115 E. GRANADA
SUITE 7
ORMOND BEACH, FL 32176

FEI Number: 59-3748468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELS, KAREN
115 E GRANADA
SUITE 7
ORMOND BEACH, FL 32176 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: D () Delete
Name: SAMUELS, KAREN
Address: 115 E GRANADA SUITE 7
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: FRASER, KATHRYN
Address: P.O. BOX 2830
City-St-Zip: DAYTONA BEACH, FL 321202830

Title: D () Delete
Name: ZIMMERMAN, RAUL
Address: P.O. BOX 2830
City-St-Zip: DAYTONA BEACH, FL 321202830

Title: D () Delete
Name: DEVINE, JANE
Address: 140 SOUTH BEACH ST., STE. 403
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: CARBIENER, PAM
Address: 311 NORTH CLYDE MORRIS BLVD., STE. 180
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BENSON, SARAH
Address: 5405 JOHN ANDERSON HWY.
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH H. BENSON

TRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date