

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N05000004034

**Entity Name:** FLORIDA INTRODUCES PHYSICAL ACTIVITY AND NUTRITION TO YOUTH INCORPORATED

**Current Principal Place of Business:**

1350 E. SUNRISE BLVD  
127  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

1350 E. SUNRISE BLVD  
127  
FORT LAUDERDALE, FL 33304 US

**New Mailing Address:**

**FEI Number:** 87-0743538      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KUNINS, LYNNE E  
1350 E. SUNRISE BLVD  
127  
FORT LAUDERDALE, FL 33304 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: PD ( ) Delete  
Name: KUNINS, LYNNE E  
Address: 1350 E. SUNRISE BLVD #127  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: VPDP (X) Delete  
Name: CASAZZA, KRISTA MS  
Address: 1350 E. SUNRISE BLVD #127  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: SDOB (X) Delete  
Name: GRADY, JACKIE J.D  
Address: 1350 E. SUNRISE BLVD #127  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: TDOH (X) Delete  
Name: POTTS, LECRETIA RN  
Address: 1350 E. SUNRISE BLVD #127  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: DOC (X) Delete  
Name: GIBSON, ANN  
Address: 1350 E. SUNRISE BLVD #127  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: KUNINS, LYNNE E  
Address: 1350 E. SUNRISE BLVD #127  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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: LYNNE KUNINS

ED

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date