NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50064

1. Corporation Name

FOOD ADDICTS ANONYMOUS, INC.

Principal Place of Business
4623 FOREST HILL BLVD.
SUITE 109-4
WEST PALM BEACH FL 33415-9120
110

Mailing Address

4623 FOREST HILL BLVD. SUITE 109-4

WEST PALM BEACH FL 33415-9120

US

FILED Feb 23, 1999 8:00 am Secretary of State

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Principal Place of Business 2a. Mailing Address 26			,	·····	3. Date Incorporated or Qualifed 07/27/1992					
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					4. FEI Number	Applied For				
					65-0348738	Not Applicable				
City & State		City & State	City & State		5. Certificate of Status Desired \$8.75 Fee R					
Zip Country		Zip 29	Countr 30	у	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
BRINKEY, CHARLOTTE 10718 ANDERSON LANE LAKE WORTH FL-33467-5464				Name Street Add	ddress (P.O. Box Number is Not Acceptable)					
office or	it to the provisions of Sections 617 registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change wa	as authorized by	the corporal	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	ose of changing its registered				
IGNATURE						<u> </u>				
_				ent signature requi	ADDITIONS/CHANGES TO OFFICE	ATE DS AND DIRECTORS IN 12				
2.	OF TOPICS AND PIRESTORS		13.							
ILE	PD	A DELETE	1.1 TITLE	[P	O	Change addition				
-	ARCHER, PAT		1.2 NAME	16	LISA KAMENS + 1+					

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature n	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
IILE	PD	DELETE	1.1 TITLE	PO	Change	ddition
- '	ARCHER, PAT		1.2 NAME	ELISA KAMENS + 1+	•	• •
THEE ALUKESS	380 SHERWOOD FOREST DR		1.3 STREET ADDRESS			
:::: ST-ZIP	DELRAY BCH FL 33445		1.4 CITY-ST-ZIP	COLUMBIA, MD 21044	· · · · · · · · · · · · · · · · · · ·	
nite.	TD	DELETE	2.1 TTLE	VPP.	Change	Addition
_	FILKINS, DEANNA		2.2 NAME	Kelly GANGES Jac Eldridge Ave		
-i ADUKESS	231 NW 52ND ST		2.3 STREET ADDRESS	226 ELAFIAGE HIC		
ST ZIP	FT LAUDERDALE FL 33309		2. 4 CITY-ST-ZIP	Trenton, Nt		
IHLĒ	VPD	DELETE	3.1 TTTLE	TO	Change	Addition
	MURPHY, RAYMOND		3.2 NAME	LOWISA WALSH		
<u></u> I ADDKESS	359 LAURIE RD		3.3 STREET ADDRESS	334 SUGATTOWN Rd		
ST ZIP	W PALM BCH FL 33405		3.4. CITY-ST-ZIP	STAFFORD, PA 19087	1	-/-
	SD	DELETE	4.1 TITLE	D ., ,	Change	Addition
	STOUGH, JULIE		4, 2 NAME	Phyllis Eckel	,	
······································	14732 E BAGELY RD		4,3 STREET ADDRESS	404600dmans Crossing		
··· ST-ZIP	MIDDLEBURG HTS OH 44130		4.4 CITY-ST-ZIP	CLARK, NJ 07066.		,
	D	X DELETE	5.1 TITLE	D	Change	Addition
	EISCLE, EDDIE		5.2 NAME	NANCY Kramer		
1 ADDRESS	1821 N WILTON #6		5.3 STREET ADDRESS	26976 TALL OAKS TR.		,
ST ZIP	LOS ANGELES CA 90028		5.4 CITY-ST-ZIP	OLMSTED, OH 44138		
	D	A DELETE	6.1 TITLE	D 5- 01//-00	☐ Change	Z Addition
-	GANGES, KELLY		6.2 NAME	Norma Jean Phillipp		
i alijis (55	226 ELDRIDGE AVE		6.3 STREET ADDRESS	7564 LONA LN		
	l		e A CITY OF THE	Delland OH 11/1/26		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

-IGNATURE:

Charlotte BATELRELBERFERLIGHED E

EXOC. ASSIS.

561-967-3871 Daytime Phone # R2F037 (11/98)