

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 20, 2000 8:00 am
Secretary of State

02-07-2000 90080 023 ****61.25

DOCUMENT # N50064

1. Entity Name

FOOD ADDICTS ANONYMOUS, INC.

Principal Place of Business

4623 FOREST HILL BLVD.
 SUITE 1094
 WEST PALM BEACH FL 33415-9120
 US

Mailing Address

4623 FOREST HILL BLVD.
 SUITE 1094
 WEST PALM BEACH FL 33415-9120
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0348738

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75-Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRINKEY, CHARLOTTE
10718 ANDERSON LANE
LAKE WORTH FL 33467-5464

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMENS, ELISA 12207 GREENSHOOT CT COLUMBIA MD 21044	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GANGES, KELLY 226 ELDRIDGE AVE TRENTON NJ 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALSH, LOUISA 334 SUGARTOWN RD STAFFORD PA 19087	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKEL, PHYLLIS 404 GOODMANS CROSSING CLARK NJ 07066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY, KRAMER 26976 TALL OAKS TR OLMSTED OH 44138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPP, NORMA J 7564 ZONA LN PARMA OH 44130	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D ARLENE BATWIN 168 Centre Ave New Rochelle, NY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D Joni Connelly 10241 N. PINTO LN HAYDEN, CO 83835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Michael Conroy 1335 W. 114th Cleveland, OH 44102	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Giacomo DeRosa 529 PARK AVE ORANGE, NJ 07050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Estelle Krolick 650 LAWS DOWNE WAY NORWOOD, MA 02062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorene Levy 475 West End Ave 0-3 North Plainfield, NJ 07060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Charlotte Brinkey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2000 **561-967-3871**
 Date Daytime Phone #

Director

NORMA JEAN PHILLIPP
 NORMA JEAN PHILLIPP

3-25-2000 **440-845-2389**

~~NS0064~~ NS0064
FAA BOARD MEMBERS

2/3/2000

~~NS0064~~

D0032279

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE</u>
JIM NAVARRE 941-995-3323 FAX #941-995-3323	3388 NO. KEY DR. #B5 NO. FT. MYERS FL 33903 E-Mail: snavarr@5pillars.net	Director Committee: Literature Year elected 1999
FELICIA SEATON 302-892-3336 FAX #CALL FIRST	31 WINTERBURY CIRCLE WILMINGTON DE 19808 E-Mail: ozfs@aol.com	Secretary 1999/2000 Committee: Correspondence Year elected 1999