

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006538

**Entity Name:** THE ALLIANCE FOR EATING DISORDERS AWARENESS, INC.**Current Principal Place of Business:**1649 FORUM PLACE  
STE. 2  
WEST PALM BEACH, FL 33401**Current Mailing Address:**1649 FORUM PLACE  
STE. 2  
WEST PALM BEACH, FL 33401 US**FEI Number:** 65-1080905**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GLYNN, SHARON M  
7251 VIA GENOVA  
DELRAY BEACH, FL 33446 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:** SHARON GLYNN

06/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE CHAIR  
Name BLOSSER, JAMIE  
Address 831 SOUTHWEST 16TH COURT  
City-State-Zip: FT. LAUDERDALE FL 33315

Title DIRECTOR  
Name MARI, LORRIANE DR.  
Address 2700 NORTH OCEAN DRIVE #1402  
City-State-Zip: SINGER ISLAND FL 33404

Title CHAIRMAN  
Name WYPYCH, LEAH  
Address 403 SOUTH SAPODILLA AVENUE  
#PH1-17  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name BARBELLA, WANDA  
Address 6685 S. PINE COURT  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name SEELIG, REBECCA  
Address 7 GLENGARY ROAD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name MONARCH, CHERIE  
Address 2820 MEADOWVIEW COURT  
City-State-Zip: TARPON SPRINGS FL 34688

Title CEO  
Name KANDEL, JOHANNA  
Address 2829 EMBASSY DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name PAULINO-GRISHAM, ALICIA  
Address 14255 U.S. HIGHWAY ONE  
SUITE 235  
City-State-Zip: JUNO BEACH FL 33408

**Continues on page 2**

*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:** JOHANNA S. KANDEL

CEO

06/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BUSH, GILLIAN  
Address 540 GREENWAY DRIVE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title TREASURER  
Name FOX, ARTHUR  
Address 167 VIERA DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name CARLISI, NICOLE  
Address 153 CAT ROCK LANE  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name KAHN, KENNETH  
Address 12217 COCONUT ROW ROAD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name RIFKIN, JUDY  
Address 211 BEARS CLUB DRIVE  
City-State-Zip: JUPITER FL 33477