

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006538

**FILED**  
**Mar 24, 2023**  
**Secretary of State**  
**6701868420CC**

**Entity Name:** NATIONAL ALLIANCE FOR EATING DISORDERS, INC.

**Current Principal Place of Business:**

4400 NORTH CONGRESS AVENUE  
SUITE 100  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4400 NORTH CONGRESS AVENUE  
SUITE 100  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 65-1080905

**Certificate of Status Desired:** No

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

MURANO, LISA  
4400 NORTH CONGRESS AVENUE  
SUITE 100  
WEST PALM BEACH, FL 33407 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:** LISA MURANO

03/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name MARI, LORRIANE DR.  
Address 71 ST. JAMES TERRACE  
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 SECRETARY  
Name WYPYCH, LEAH  
Address 4883 PGA BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33418

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

Title DIRECTOR  
Name PAULINO-GRISHAM, ALICIA  
Address 14692 64TH WAY NORTH  
City-State-Zip: WEST PALM BEACH FL 33418

Title DIRECTOR  
Name BUSH, GILLIAN DR.  
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

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*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 KANDEL

CEO

03/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title VC  
Name VALENTE, FRANK  
Address 1G LEXINGTON LANE EAST  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name WALDRON, ERICA  
Address 8 BALFOUR ROAD E  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name SADLER, SANDY  
Address 1511 LICHESTER DRIVE  
City-State-Zip: BATON ROUGE LA 70810

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

Title DIRECTOR  
Name MASCOLO, MARGHERITA DR.  
Address 16708 W 73RD DRIVE  
STE. 2  
City-State-Zip: ARVADA CO 80007

Title DIRECTOR  
Name WALSH, ALLISON  
Address 755 CANOPY ESTATES DRIVE  
City-State-Zip: WINTER GARDEN FL 34787