Entry	CC50572199		
Curre	ent Principal Place of Business:	0000072100	
1649 F STE, 2	ORUM PLACE		
	PALM BEACH, FL 33401		
Curre	ent Mailing Address:		
1649	FORUM PLACE		
STE.	2		
WES	T PALM BEACH, FL 33401 US		
FEI N	lumber: 65-1080905 Certific	ate of Status Desired:	

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE ALLIANCE FOR EATING DISORDERS AWARENESS, INC.

### Name and Address of Current Registered Agent:

GLYNN, SHARON M 11175 STONE CREEK STREET WELLINGTON, FL 33449 US

DOCUMENT# N0000006538

SIGNATURE	SHARON M. GLYNN		05/07/201
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	CHAIRMAN	Title	SECRETARY
Name	WEXNER, SUZETTE W	Name	BLOSSER, JAMIE
Address	256 FAIRVIEW ROAD	Address	533 NW 3RD AVENUE
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	FT. LAUDERDALE FL 33301
Title	TREASURER	Title	DIRECTOR
Name	PARK, LEE ANN	Name	BANCSI, KIM
Address	5121 ISABELLA DRIVE	Address	192 CHARTER WAY
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	WEST PALM BEACH FL 33407
Title	DIRECTOR	Title	DIRECTOR
Name	HENDELMAN, JOANN	Name	NEEDLE, RACHEL
Address	2700 PGA BLVD, STE 101	Address	1515 N. FLAGLER DRIVE, SUITE 540
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	WEST PALM BEACH FL 33401
Title	DIRECTOR	Title	DIRECTOR
Name	SEELIG, REBECCA	Name	MARI, LORRIANE DR.
Address	8899 OLDHAM WAY	Address	2700 NORTH OCEAN DRIVE #1402
City-State-Zip:	WEST PALM BEACH FL 33412	City-State-Zip:	SINGER ISLAND FL 33404

#### 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

05/07/2015

Electronic Signature of Signing Officer/Director Detail

## No

Date

# FILED May 07, 2015 **Secretary of State** 976

### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	FOX, ARTHUR	Name	MONARCH, CHERIE
Address	167 VIERA DRIVE	Address	2820 MEADOWVIEW COURT
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	TARPON SPRINGS FL 34688
Title	DIRECTOR	Title	CEO
Name	WYPYCH, LEAH	Name	KANDEL, JOHANNA
Address	2550 HOPE LANE WEST	Address	1823 EMBASSY DRIVE #103
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	WEST PALM BEACH FL 33401
Title	DIRECTOR	Title	DIRECTOR
Name	BARBELLA, WANDA	Name	PAULINO-GRISHAM, ALICIA
Address	6685 S. PINE COURT	Address	14255 U.S. HIGHWAY ONE SUITE 235
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	JUNO BEACH FL 33408