

**2014 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:** No**Name and Address of Current Registered Agent:**GLYNN, SHARON M  
11175 STONE CREEK STREET  
WELLINGTON, FL 33449 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name WEXNER, SUZETTE W  
Address 256 FAIRVIEW ROAD  
City-State-Zip: PALM BEACH FL 33480

Title SECRETARY  
Name BLOSSER, JAMIE  
Address 533 NW 3RD AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33301

Title TREASURER  
Name PARK, LEE ANN  
Address 5121 ISABELLA DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name BANCSI, KIM  
Address 192 CHARTER WAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR  
Name HENDELMAN, JOANN  
Address 2700 PGA BLVD, STE 101  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name NEEDLE, RACHEL  
Address 1515 N. FLAGLER DRIVE, SUITE 540  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name SEELIG, REBECCA  
Address 8899 OLDHAM WAY  
City-State-Zip: WEST PALM BEACH FL 33412

Title DIRECTOR  
Name MARI, LORRIANE DR.  
Address 2700 NORTH OCEAN DRIVE #1402  
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

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FOX, ARTHUR  
Address 167 VIERA DRIVE  
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 1823 EMBASSY DRIVE #103  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name STRASSER, SUSAN  
Address 11960 LAKE SHORE PLACE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR  
Name WYPYCH, LEAH  
Address 2550 HOPE LANE WEST  
City-State-Zip: PALM BEACH GARDENS FL 33410

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