

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006716

**Entity Name:** COMMUNITY OUTREACH TO PREVENT EATING DISORDERS, INC.

**FILED**  
**Mar 05, 2019**  
**Secretary of State**  
**7801514375CC**

**Current Principal Place of Business:**

115 E. GRANADA  
SUITE 7  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

115 E. GRANADA  
SUITE 7  
ORMOND BEACH, FL 32176

**FEI Number: 59-3748468**

**Certificate of Status Desired: No**

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

SAMUELS, KAREN  
115 E GRANADA  
SUITE 7  
ORMOND BEACH, FL 32176 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 D  
Name SAMUELS, KAREN  
Address 115 E GRANADA SUITE 7  
City-State-Zip: ORMOND BEACH FL 32176

Title D  
Name FRASER, KATHRYN  
Address P.O. BOX 2830  
City-State-Zip: DAYTONA BEACH FL 32120-2830

Title D  
Name YARBROUGH, DEBBIE  
Address 239 LANDMARK CIRCLE  
City-State-Zip: ORMOND BEACH FL 32176

*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: KAREN SAMUELS**

**PRESIDENT**

**03/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date