

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006716

Entity Name: COMMUNITY OUTREACH TO PREVENT EATING DISORDERS, INC.**FILED**
Feb 22, 2013
Secretary of State
CC1325385531**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 32176Title D
Name FRASER, KATHRYN
Address P.O. BOX 2830
City-State-Zip: DAYTONA BEACH FL 32120-2830Title D
Name ZIMMERMAN, RAUL
Address P.O. BOX 2830
City-State-Zip: DAYTONA BEACH FL 32120-2830Title D
Name DEVINE, JANE
Address 140 SOUTH BEACH ST., STE. 403
City-State-Zip: DAYTONA BEACH FL 32114Title D
Name CARBIENER, PAM
Address 311 NORTH CLYDE MORRIS BLVD.,
STE. 180
City-State-Zip: DAYTONA BEACH FL 32114Title D
Name BENSON, SARAH
Address 5405 JOHN ANDERSON HWY.
City-State-Zip: FLAGLER BEACH FL 32136

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: SARAH H. BENSON**TREASURER****02/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date