

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004034

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC1804663756**

**Entity Name:** FLORIDA INTRODUCES PHYSICAL ACTIVITY AND NUTRITION TO YOUTH INCORPORATED

**Current Principal Place of Business:**

6600 W. COMMERCIAL BLVD  
LAUDERHILL, FL 33319

**Current Mailing Address:**

6600 W. COMMERCIAL BLVD  
LAUDERHILL, FL 33319 US

**FEI Number: 87-0743538**

**Certificate of Status Desired: No**

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

KUNINS, LYNNE E  
6600 W. COMMERCIAL BLVD  
LAUDERHILL, FL 33319 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           CEO  
Name           KUNINS, LYNNE E  
Address       6600 W. COMMERCIAL BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title           DIR  
Name           SCHEVIS, DAN  
Address       6600 W. COMMERCIAL BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title           DIR  
Name           KESSLER, LORI  
Address       6600 W. COMMERCIAL BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title           DIR  
Name           KEN, DRESNER  
Address       6600 W. COMMERCIAL BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title           DIR  
Name           MACHUDA, NANCY  
Address       6600 W. COMMERCIAL BLVD  
City-State-Zip: LAUDERHILL FL 33319

*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: LYNNE KUNINS**

**CEO**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date