

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000007887

Entity Name: SUPPORT, EDUCATION, AWARENESS - WELLNESS AND
VALIDATION FOR EATING DISORDERS AND SELF-CARE, INC**Current Principal Place of Business:**15747 FOUNTAIN SPRINGS RD.
WINTER GARDEN, FL 34787**Current Mailing Address:**15747 FOUNTAIN SPRINGS RD.
WINTER GARDEN, FL 34787 US**FEI Number: 93-2144377****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STILES, LEAH E
15747 FOUNTAIN SPRINGS RD.
WINTER GARDEN, FL 34787 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	PRESIDENT
Name	JENKINS, TYRAH
Address	15747 FOUNTAIN SPRINGS RD.
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	PROCACCINO, JASON
Address	15747 FOUNTAIN SPRINGS RD.
City-State-Zip:	WINTER GARDEN FL 34787

Title	TREASURER
Name	MCCREASH, TONI
Address	15747 FOUNTAIN SPRINGS RD.
City-State-Zip:	WINTER GARDEN FL 34787

Title	SECRETARY
Name	PIZZUTO, MARIN
Address	15747 FOUNTAIN SPRINGS RD.
City-State-Zip:	WINTER GARDEN FL 34787

Title	CEO
Name	STILES, LEAH
Address	15747 FOUNTAIN SPRINGS RD.
City-State-Zip:	WINTER GARDEN FL 34787

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: TONI LEE MCCREASH**TREASURER****03/19/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date