

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50064

Entity Name: FOOD ADDICTS ANONYMOUS, INC.

FILED
Feb 01, 2023
Secretary of State
8422558137CC

Current Principal Place of Business:

529 NW PRIMA VISTA BLVD
SUITE 301A
PORT ST LUCIE, FL 34983

Current Mailing Address:

529 NW PRIMA VISTA BLVD
SUITE 301A
PORT ST LUCIE, FL 34983 US

FEI Number: 65-0348738

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGNANI, DONNA AGENT
529 NW PRIMA VISTA BLVD
SUITE 301A
PORT ST LUCIE, FL 34983 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: DONNA MAGNANI

02/01/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name SIMON, LINDA
Address 529 NW PRIMA VISTA BLVD
SUITE 301A
City-State-Zip: PORT ST LUCIE FL 34983

Title TRUSTEE
Name MOODY, MARIETTA
Address 529 NW PRIMA VISTA BLVD
SUITE 301A
City-State-Zip: PORT ST LUCIE FL 34983

Title TRUSTEE
Name LYNCH, MARY KAY
Address 529 NW PRIMA VISTA BLVD
SUITE 301A
City-State-Zip: PORT ST LUCIE FL 34983

Title TRUSTEE
Name RAGIN, JAMES
Address 529 NW PRIMA VISTA BLVD
SUITE 301A
City-State-Zip: PORT ST LUCIE FL 34983

Title TRUSTEE
Name SCHOLL, JACOB
Address 529 NW PRIMA VISTA BLVD
SUITE 301A
City-State-Zip: PORT ST LUCIE FL 34983

Title TRUSTEE
Name WENGLER, MARY ELLEN
Address 529 NW PRIMA VISTA BLVD
SUITE 301A
City-State-Zip: PORT ST LUCIE FL 34983

Title TRUSTEE
Name LAWSON, ELLEN
Address 529 NW PRIMA VISTA BLVD
SUITE 301A
City-State-Zip: PORT ST LUCIE FL 34983

Title TRUSTEE
Name HASSETT, CONSTANCE
Address 529 NW PRIMA VISTA BLVD
SUITE 301A
City-State-Zip: PORT ST LUCIE FL 34983

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: JACOB SCHOLL

TRUSTEE

02/01/2023

Electronic Signature of Signing Officer/Director Detail

Date