

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50064

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**9171113149CC**

**Entity Name:** FOOD ADDICTS ANONYMOUS, INC.

**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

02/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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 DURAZZO, ASHLEY  
Address 529 NW PRIMA VISTA BLVD  
SUITE 301A  
City-State-Zip: PORT ST LUCIE FL 34983

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

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

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

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*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

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

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