

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50064

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC1349654120**

**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

01/26/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name VIANU, LIBBY  
Address 82 EL CAMINO CORTO  
City-State-Zip: WALNUT CREEK CA 94596

Title T  
Name ECKEL, PHYLLIS  
Address 31 CHESTERFIELD LANE  
City-State-Zip: TOMS RIVER NJ 08757

Title T  
Name VALERIE, BUCKLEY TRUSTEE  
Address 4743 THEODORE STREET  
City-State-Zip: MUNHALL PA 15120

Title TREASURER  
Name LEVY, DORENE  
Address 34 SWINDON COURT  
City-State-Zip: TOMS RIVER NJ 08757

*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:** DORENE LEVY

**TREASURER**

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date