### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50064

Entity Name: FOOD ADDICTS ANONYMOUS, INC.

FILED Feb 28, 2018 Secretary of State CC8550766824

## **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 02/28/2018

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

Title TRUSTEE Title TRUSTEE

Name VIANU, LIBBY Name ECKEL, PHYLLIS

Address 82 EL CAMINO CORTO Address 31 CHESTERFIELD LANE
City-State-Zip: WALNUT CREEK CA 94596 City-State-Zip: TOMS RIVER NJ 08757

Title TRUSTEE Title TRUSTEE

Name KELLY, CINDY Name JOHNSON, KIRSTEN

Address 17 SERPENTINE DRIVE - EAST Address 529 NW PRIMA VISTA BLVD

SUITE 301A

City-State-Zip: BAYVILLE NJ 08721 City-State-Zip: PORT ST LUCIE FL 34983

Title TUSTEE

Name SCHOLL, JACOB

Address 529 NW PRIMA VISTA BLVD Name CLAUGH (NORRIS), LAURIE

529 NW PRIMA VISTA BLVD
SUITE 301A
Address
529 NW PRIMA VISTA BLVD

SUITE 301A

City-State-Zip: PORT ST LUCIE FL 34983 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: PHYLLIS ECKEL TRUSTEE 02/28/2018