

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006538

FILED
Apr 20, 2011
Secretary of State

Entity Name: THE ALLIANCE FOR EATING DISORDERS AWARENESS, INC.

Current Principal Place of Business:

1016 NORTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1649 FORUM PLACE
STE. 10
WEST PALM BEACH, FL 33401

Current Mailing Address:

PO BOX 13155
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-1080905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNKEL, GARY M ESQ.
GREENBERG TRAUIG, P.A.
777 S. FLAGLER DR, SUITE 300-EAST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S/D
Name: HARARY, SARA
Address: 7850 SOUTH FLAGLER
City-St-Zip: WEST PALM BEACH, FL 33405

Title: P/D
Name: KANDEL, JOHANNA S MS
Address: 1823 EMBASSY DRIVE #103
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D
Name: BANCSI, KIMBERLY
Address: 192 CHARTER WAY
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: V/D
Name: HENDELMAN, JOANN V MS
Address: 5683 HIGH FLYER ROAD SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: JOHANNA S. KANDEL

P/D

04/20/2011

Electronic Signature of Signing Officer or Director

Date