

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006538

FILED
Mar 26, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 13155
NORTH PALM BEACH, FL 33408

New Mailing Address:

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

FEI Number: 65-1080905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLYNN, SHARON M
11175 STONE CREEK STREET
WELLINGTON, FL 33449 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: C
Name: WEXNER, SUZETTE W
Address: 256 FAIRVIEW ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: S
Name: BLOSSER, JAMIE
Address: 533 NW 3RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: T
Name: PARK, LEE ANN
Address: 5121 ISABELLA DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D
Name: BANCSI, KIM
Address: 192 CHARTER WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: HENDELMAN, JOANN
Address: 2700 PGA BLVD, STE 101
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: NEEDLE, RACHEL
Address: 1515 N. FLAGLER DRIVE, SUITE 540
City-St-Zip: WEST PALM BEACH, FL 33401

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

D

03/26/2012

Electronic Signature of Signing Officer or Director

Date