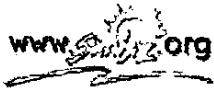


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90051 022 ****61.25

DOCUMENT # N06000003373					
1. Entity Name EATING DISORDER NETWORK OF CENTRAL FLORIDA, INC.					
Principal Place of Business WHITE PICKET FENCE COUNSELING CENTER 1345 CLAY ST WINTER PK, FL 32789			Mailing Address WHITE PICKET FENCE COUNSELING CENTER 1345 CLAY ST WINTER PK, FL 32789		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number EIN: 20-4134315	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NEBEL, SANDEE WHITE PICKET FENCE COUNSELING CENTER 1345 CLAY ST WINTER PK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Sandee Nebel</u> Sandee Nebel 2/19/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNIS, AMY B 8019 OAK PARK RD ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Sue Beerbower 1778 Park Ave North STE 205 Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEBEL, SANDEE 1345 CLAY ST WINTER PK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMUELS, KAREN 431 N GRANDVIEW STE C DAYTONA BCH, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Preeti Wilkhu 789 Douglas Ave STE 137 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sandee Nebel</u> Sandee Nebel 2/19/07 407-622-0202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the
annual report form.

This information cannot be changed on the report.	
Document Number	N06000003373
Business Entity Name	EATING DISORDER NETWORK OF CENTRAL FLORIDA, INC.
Original File Date	03/27/2006

FBI Number

Principal Address WHITE PICKET FENCE COUNSELING CENTER
1345 CLAY ST
WINTER PK, FL 32789

Mailing Address WHITE PICKET FENCE COUNSELING CENTER
1345 CLAY ST
WINTER PK, FL 32789

Registered Agent SANDEE NEBEL
WHITE PICKET FENCE COUNSELING CENTER
1345 CLAY ST
WINTER PK, FL 32789

Officer/Director Name And Address

P
AMY B DENNIS
8019 OAK PARK RD
ORLANDO, FL 32819

S
SANDEE NEBEL
1345 CLAY ST
WINTER PK, FL 32789

T
KAREN SAMUELS
431 N GRANDVIEW STE C
DAYTONA BCH, FL 32118

ATTACHMENT
40023505
#N06000003373

Annual Report Form Creation

Note: Please make ALL checks payable to the Florida Department of State

NOTICE TO NOT FOR PROFIT CORPORATIONS SOLICITING CONTRIBUTIONS

The Department of Agriculture and Consumer Services, Division of Consumer Services, is now responsible for administering the Solicitation of Contributions Act, chapter 496, Florida Statutes. The Solicitation of Contributions Act requires charitable organizations or sponsors intending to solicit contributions from the public in the State of Florida to annually register with the Division of Consumer Services. Failure to comply with this act is a third degree felony.

For more information, contact the Division of Consumer Services, Department of Agriculture and Consumer Services, P.O. Box 6700, Tallahassee, Florida 32314 or call (850) 488-2221 or (800) 435-7352 (within Florida only) or at www.800helpfla.com.

Enter the entity document number below to create your pre-printed Annual Report form.

Document Number

Note: On 12 digit document numbers,
only the first character is alphabetic.

The document number is located on the back
of the postcard above the business entity name

Can't find your document number?
Search the Division's records online by name.
(Note: This will open a new browser window)

[Sunbiz Home Page](#)

[Help](#)