

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003373

FILED  
Jul 11, 2008  
Secretary of State

**Entity Name:** EATING DISORDER NETWORK OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-4134315      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NEBEL, SANDEE  
WHITE PICKET FENCE COUNSELING CENTER  
1345 CLAY ST  
WINTER PK, FL 32789 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: NEBEL, SANDEE  
Address: 1345 CLAY ST  
City-St-Zip: WINTER PK, FL 32789

Title: P ( ) Delete  
Name: BEERBOWER, KAREN S  
Address: 1778 PARK AVE NORTH STE 205  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: WILKHU, PREEZI  
Address: 789 DOUGINS AVE STE 137  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BEERBOWER, KAREN S  
Address: 1155 LOUISIANA AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN SUE BEERBOWER

PRES

07/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date