

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003373

FILED
Mar 27, 2009
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 ()

Name and Address of Current Registered Agent:

NEBEL, SANDEE
WHITE PICKET FENCE COUNSELING CENTER
1345 CLAY ST
WINTER PK, FL 32789 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 () Delete
Name: NEBEL, SANDEE
Address: 1345 CLAY ST
City-St-Zip: WINTER PK, FL 32789

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

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

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: SANDEE NEBEL

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date