# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2011**
**Secretary of State**

DOCUMENT# N06000003373

**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
Name: NEBEL, SANDEE
Address: 1345 CLAY ST
City-St-Zip: WINTER PK, FL 32789

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

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: SANDEE NEBEL PRES 03/08/2011

Electronic Signature of Signing Officer or Director — Date