

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 12, 2012
Secretary of State

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

Current Principal Place of Business:

BLUE HORIZON EATING DISORDER SERVICES
1155 LOUISIANA AVE. STE 210
WINTER PK, FL 32789

New Principal Place of Business:

Current Mailing Address:

BLUE HORIZON EATING DISORDER SERVICES
1155 LOUISIANA AVE. STE 210
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:

BOMAR STAMM, HEATHER
7338 COLBURY AVENUE
WINDERMERE, FL 34786 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: P
Name: CONTNER, ELISHA M
Address: 1155 LOUISIANA AVE. STE 210
City-St-Zip: WINTER PK, FL 32789

Title: T
Name: BOMAR STAMM, HEATHER R
Address: 7338 COLBURY AVENUE
City-St-Zip: WINDERMERE, FL 34786

Title: S
Name: VOLLANT, CHRISTINA
Address: 2021 N. LEMANS BLVD.
City-St-Zip: TAMPA, FL 33607

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: HEATHER BOMAR STAMM

T

01/12/2012

Electronic Signature of Signing Officer or Director

Date