2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State
03-19-2008 90014 004 ****61.25

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1. Entity Name
THE NATIONAL ASSOCIATION FOR MALES WITH EATING DISORDERS, INC.

Principal Place of Business	Mailing Address
2135 SCRUB OAK CIRCLE UNIT 305 NAPLES, FL 34112	2135 SCRUB OAK CIRCLE UNIT 305 NAPLES, FL 34112

03112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
118 Palm Dr.	118 Palm Dr.,
Suite, Apt. #, etc.: #11	Suite, Apt. #, etc.: #11
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34112 Country: USA	Zip: 34112 Country: USA

4. FEI Number: 20-8201406 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, CHRISTOPHER 2135 SCRUB OAK CIRCLE, UNIT #305 NAPLES, FL 34112	Name Street Address (P.O. Box Number is Not Acceptable) City **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: Christopher Clark, President — DATE: 3-16-8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 CLARK, CHRISTOPHER 2135 SCRUB OAK CIRCLE, UNIT 305 NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 118 Palm Dr., #11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEC, VALERIE 2135 SCRUB OAK CIRCLE, UNIT 305 NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLARK, GREGORY 2135 SCRUB OAK CIRCLE, UNIT 305 NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Christopher Clark Christopher Clark 3-16-08 — 239-775-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #