2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N06000010141

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

Current Principal Place of Business:

118 PALM DR
NAPLES, FL 34112

New Principal Place of Business:

118 PALM DR
11
NAPLES, FL 34112 US

Current Mailing Address:

118 PALM DR
UNIT 305
NAPLES, FL 34112

New Mailing Address:

118 PALM DR
11
NAPLES, FL 34112 US

FEI Number: 20-8201406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, CHRISTOPHER
2135 SCRUB OAK CIRCLE,
UNIT #305
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

CLARK, CHRISTOPHER
118 PALM DR
11
NAPLES, FL 34112 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: 03/01/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLARK, CHRISTOPHER
Address: 118 PALM DR 11
City-St-Zip: NAPLES, FL 34112

Title: S ( ) Delete
Name: STEC, VALERIE
Address: 2135 SCRUB OAK CIRCLE, UNIT 305
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete
Name: CLARK, GREGORY
Address: 2135 SCRUB OAK CIRCLE, UNIT 305
City-St-Zip: NAPLES, FL 34112

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: CHRISTOPHER CLARK P 03/01/2009
Electronic Signature of Signing Officer or Director — Date