2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010141

FILED Mar 01, 2009 Secretary of State

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

irrent P	rincipai Piace	e of Business:	New Principal Place of Busine	ess:
8 PALM			118 PALM DR	
APLES, I	FL 34112		11	
			NAPLES, FL 34112 US	
ırrent N	lailing Addres	ss:	New Mailing Address:	
8 PALM	DR		118 PALM DR	
VIT 305			11	
APLES, I	FL 34112		NAPLES, FL 34112 US	
l Number	: 20-8201406	FEI Number Applied For ()	FEI Number Not Applicable () Certific	cate of Status Desired ()
ame and	l Address of C	Current Registered Agent:	Name and Address of New Re	gistered Agent:
ARK, C	HRISTOPHER	}	CLARK, CHRISTOPHER	
	UB OAK CIRC	ELE,	118 PALM DR	
			11 NAPLES EL 34112 LIS	
,	FL 34112 US		NAPLES, FL 34112 US	
APLES, I le above	FL 34112 US			registered agent, or both,
APLES, lee above the State	FL 34112 US named entity e of Florida.		NAPLES, FL 34112 US purpose of changing its registered office or	registered agent, or both, 03/01/2009
APLES, I le above	FL 34112 US e named entity e of Florida. RE:		NAPLES, FL 34112 US purpose of changing its registered office or	
APLES, I ne above the State GNATUI	FL 34112 US e named entity e of Florida. RE:	submits this statement for the	NAPLES, FL 34112 US purpose of changing its registered office or	03/01/2009 Date
APLES, In above the State GNATUI	FL 34112 US named entity of Florida. RE: Electror S AND DIREC	submits this statement for the	NAPLES, FL 34112 US purpose of changing its registered office or gent ADDITIONS/CHANGES TO OF	03/01/2009 Date
APLES, In above the State State State STATUING THE STATE STA	FL 34112 US e named entity e of Florida. RE: Electror S AND DIREC CLARK, CHRIS	submits this statement for the nic Signature of Registered Actions: Delete STOPHER	NAPLES, FL 34112 US purpose of changing its registered office or gent ADDITIONS/CHANGES TO OF Title: () Change Name:	03/01/2009 Date FICERS AND DIRECTOR
APLES, I le above the State GNATUI FFICER: e: me: dress:	FL 34112 US e named entity e of Florida. RE: Electror S AND DIREC P (CLARK, CHRIS 118 PALM DR	submits this statement for the nic Signature of Registered Age TORS:) Delete STOPHER	NAPLES, FL 34112 US purpose of changing its registered office or gent ADDITIONS/CHANGES TO OF Title: () Change Name: Address:	03/01/2009 Date FICERS AND DIRECTOR
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e above the State GNATUI FFICER: e: me: dress: y-St-Zip:	FL 34112 US e named entity e of Florida. RE: Electror S AND DIREC P (CLARK, CHRIS 118 PALM DR NAPLES, FL 3	submits this statement for the nic Signature of Registered Age: TORS:) Delete STOPHER 11 4112	NAPLES, FL 34112 US purpose of changing its registered office or gent ADDITIONS/CHANGES TO OF Title: () Change Name: Address: City-St-Zip:	03/01/2009 Date FICERS AND DIRECTO
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e above he State GNATUI FICER ine: he: hes: hes: hes: hes: hes: hes:	FL 34112 US e named entity e of Florida. RE: Electror S AND DIREC P (CLARK, CHRIS 118 PALM DR NAPLES, FL 3 S (STEC, VALERI 2135 SCRUB C	submits this statement for the nic Signature of Registered Agrantic Stores: Delete STOPHER 11 4112 Delete E DAK CIRCLE, UNIT 305	NAPLES, FL 34112 US purpose of changing its registered office or gent ADDITIONS/CHANGES TO OF Title: () Change Name: Address: City-St-Zip: Title: () Change Name: Address:	03/01/2009 Date FICERS AND DIRECTO () Addition
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APLES, In above the State GNATUING FFICER: e: me: dress:	FL 34112 US e named entity e of Florida. RE: Electror S AND DIREC P (CLARK, CHRIS 118 PALM DR NAPLES, FL 3 S (STEC, VALERI 2135 SCRUB C NAPLES, FL 3 T (CLARK, GREG	submits this statement for the nic Signature of Registered Agentors: TORS: Delete STOPHER 11 4112 Delete E DAK CIRCLE, UNIT 305 4112 Delete ORY DAK CIRCLE, UNIT 305	NAPLES, FL 34112 US purpose of changing its registered office or gent ADDITIONS/CHANGES TO OF Title: () Change Name: Address: City-St-Zip: Title: () Change Name: Address: City-St-Zip: Title: () Change	03/01/2009 Date FICERS AND DIRECTOR () Addition

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