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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:05

DOCUMENT # N43035 (7)

1. Corporation Name
THE FLORIDA NUTRITION COUNSELORS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
20 ISLAND AVE #201 MIAMI BEACH FL 33139	20 ISLAND AVE #201 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1991
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0260461 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

AIKEN, JANET
20 ISLAND AVE #201
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	AIKEN, JANET	12 NAME		
STREET ADDRESS	20 ISLAND AVE #201	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	FOSTER, JAY	22 NAME		
STREET ADDRESS	8955 S.W. 87TH CT.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CRENSHAW, BETTY	32 NAME		
STREET ADDRESS	16316 VILLAREAL DE AVILA	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	DELETE	☐ Change ☐ Addition
NAME	ASCATELLI, JOSEPH	42 NAME		
STREET ADDRESS	3201 KIRK ST	43 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	DIMARCO, DONNA	52 NAME		
STREET ADDRESS	2031 UNIVERSITY DR	53 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPR FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	DELETE	☐ Change ☐ Addition
NAME	FULCHER, NURIAM	62 NAME		
STREET ADDRESS	6790 SW 34TH ST	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JANET S. AIKEN (305) 674-9297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042048