

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21 20200 NE 29TH CT. #

26 20200 NE 29TH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #N109

27 N109

City & State

City & State

23 AVENTURA

28 AVENTURA

Zip

Country

Zip

Country

24 33180

25 FL

29 33180

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/15/1991

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0260461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

**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)

20200 NE 29TH CT. #N109

83

84 City **AVENTURA**

FL

85 Zip Code **33180**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **AIKEN, JANET**
STREET ADDRESS **20 ISLAND AVE #201**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE
NAME **FOSTER, JAY**
STREET ADDRESS **8955 S.W. 87TH CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **CRENSHAW, BETTY**
STREET ADDRESS **16316 VILLAREAL DE AVILA**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **DIMARCO, DONNA**
STREET ADDRESS **2031 UNIVERSITY DR**
CITY-ST-ZIP **CORAL SPR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **AIKEN, JANET**
1.3 STREET ADDRESS **20200 NE 29TH CT. #N109**
1.4 CITY-ST-ZIP **AVENTURA, FL 33180**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **EVE PRANG**
2.3 STREET ADDRESS **2365 S. TAMiami TRAIL**
2.4 CITY-ST-ZIP **SARASOTA, FL 34239**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Janet S. Aiken **JANET S. AIKEN**

3/20/96

305-933-5765

Date

Daytime Phone #

CR2E037 (12/95)