

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43035

FILED
May 14, 2004
Secretary of State**Entity Name:** THE FLORIDA NUTRITION COUNSELORS ASSOCIATION, INC.**Current Principal Place of Business:**20200 NE 29TH CT
#N109
AVENTURA, FL 33180 US**New Principal Place of Business:****Current Mailing Address:**20200 NE 29TH CT
#N109
AVENTURA, FL 33180 US**New Mailing Address:****FEI Number:** 65-0260461 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AIKEN, JANET
20200 NE 29TH CT
#N109
AVENTURA, FL 33180 US**Name and Address of New Registered Agent:**AIKEN, JANET S DR.
20200 NE 29TH CT
#N109
AVENTURA, FL 33180 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: JANET S. AIKEN

05/14/2004

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** DP () Delete
Name: AIKEN, JANET,
Address: 20200 NE 29TH CT, #N109
City-St-Zip: MIAMI, FL 33180**Title:** D () Delete
Name: PRANG, EVE
Address: 2365 S TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34239**Title:** D () Delete
Name: CRENSHAW, BETTY,
Address: 16316 VILLAREAL DE AVILA
City-St-Zip: TAMPA, FL**Title:** D () Delete
Name: DIMARCO, DONNA,
Address: 531 N. OCEAN BLVD #704
City-St-Zip: POMPANO BEACH, FL 33062**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: AIKEN, JANET S DR.
Address: 20200 NE 29TH CT, #N109
City-St-Zip: AVENTURA, FL 33180**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 for the exemption stated in Section 119.07(3)(i), 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: JANET S. AIKEN

DR.

05/14/2004

Electronic Signature of Signing Officer or Director_____
Date