

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90196 030 \*\*\*\*61.25

<b>DOCUMENT # N43035</b> 1. Entity Name THE FLORIDA NUTRITION COUNSELORS ASSOCIATION, INC.					
Principal Place of Business 20200 NE 29TH CT #N109 AVENTURA, FL 33180 US			Mailing Address 20200 NE 29TH CT #N109 AVENTURA, FL 33180 US		
2. Principal Place of Business 7866 SEVILLE PLACE Suite, Apt. #, etc. # 2303		3. Mailing Address 7866 SEVILLE PLACE Suite, Apt. #, etc. # 2303			
City & State BOCA RATON, FL Zip 33433		City & State BOCA RATON, FL Zip 33433		4. FEI Number 65-0260461	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  AIKEN, JANET S DR. 20200 NE 29TH CT #N109 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name AIKEN, JANET S. (DR.) Street Address (P.O. Box Number is Not Acceptable) 7866 SEVILLE PLACE # 2303 City BOCA RATON FL Zip Code 33433		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AIKEN, JANET S DR. 20200 NE 29TH CT, #N109 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7866 SEVILLE PLACE #2303 BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRANG, EVE 2365 S TAMiami TRAIL SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRENSHAW, BETTY 16316 VILLAREAL DE AVILA TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 SEASIDE LANE #101 BELLAIR, FL 33756		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMARCO, DONNA 531 N. OCEAN BLVD #704 POMPAÑO BEACH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date July 3, 2005 Daytime Phone 561-416-1184					