

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43035

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE FLORIDA NUTRITION COUNSELORS ASSOCIATION, INC.

Current Principal Place of Business:

7866 SEVILLE PLACE
2303
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

7866 SEVILLE PLACE
2303
BOCA RATON, FL 33433 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 S DR.
7866 SEVILLE PLACE
2303
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: AIKEN, JANET S DR.
Address: 7866 SEVILLE PLACE # 2303
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: PRANG, EVE
Address: 2365 S TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: CRENSHAW, BETTY,
Address: 1 SEASIDE LANE # 101
City-St-Zip: BELLAIR, FL 33756

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: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JANET S. AIKEN, PH.D.

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date