

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43035**

1. Entity Name  
**THE FLORIDA NUTRITION COUNSELORS ASSOCIATION,  
INC.**



Principal Place of Business

**7866 SEVILLE PLACE  
# 2303  
BOCA RATON, FL 33433 US**

Mailing Address

**7866 SEVILLE PLACE  
# 2303  
BOCA RATON, FL 33433 US**



03062007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0260461**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AIKEN, JANET S DR.  
7866 SEVILLE PLACE  
# 2303  
BOCA RATON, FL 33433**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
AIKEN, JANET S DR.  
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  
**D  
CRENSHAW, BETTY  
1 SEASIDE LANE # 101  
BELLAIR, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DIMARCO, DONNA  
531 N. OCEAN BLVD #704  
POMPANO BEACH, FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000666386  
03/23/07-80067-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Janet S Aiken*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07  
Date

561-416-1184  
Daytime Phone #