2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43035

FILED Apr 04, 2009 Secretary of State

Entity Name: THE FLORIDA NUTRITION COUNSELORS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7866 SEVILLE PLACE 2106 BISPHAM ROAD

2303 SARASOTA, FL 34231 US

BOCA RATON, FL 33433 US

Current Mailing Address: New Mailing Address:

7866 SEVILLE PLACE 2106 BISPHAM ROAD

2303 SARASOTA, FL 34231 US BOCA RATON, FL 33433 US

FEI Number: 65-0260461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AIKEN, JANET S DR.

7866 SEVILLE PLACE

2303

PLEWS, EVE P

2106 BISPHAM ROAD

SARASOTA, FL 34231 US

2303 BOCA RATON, FL 33433 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: EVE PRANG PLEWS 04/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 D (X) Change () Addition

 Name:
 AIKEN, JANET S DR.
 Name:
 AIKEN, JANET S DR.

 Address:
 7866 SEVILLE PLACE # 2303
 Address:
 7866 SEVILLE PLACE # 2303

Address: 7866 SEVILLE PLACE # 2303 Address: 7866 SEVILLE PLACE # 230.

City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

 Name:
 PRANG, EVE
 Name:
 PLEWS, EVE P

 Address:
 2106 BISPHAM ROAD
 Address:
 2106 BISPHAM ROAD

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:
 SARASOTA, FL 34231

Title: D () Delete Title: () Change () Addition

 Name:
 CRENSHAW, BETTY,
 Name:

 Address:
 1 SEASIDE LANE # 101
 Address:

 City-St-Zip:
 BELLAIR, FL 33756
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 DIMARCO, DONNA,
 Name:

 Address:
 2605 E. ATLANTIC BLVD. #200A
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EVE PRANG PLEWS PRES 04/04/2009