

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50064

FILED
Jan 06, 2012
Secretary of State

Entity Name: FOOD ADDICTS ANONYMOUS, INC.

Current Principal Place of Business:

529 NW PRIMA VISTA BLVD
SUITE 301A
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

529 NW PRIMA VISTA BLVD
SUITE 301A
PORT ST LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 65-0348738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERLEHY, PATRICIA A AGENT
972 SW KAPPA AVENUE
PORT ST LUCIE, FL 34953 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: T
Name: LEVY, DORENE TRUSTEE
Address: 34 SWINDON COURT
City-St-Zip: TOMS RIVER, NJ 08757 US

Title: T
Name: ECKEL, PHYLLIS TREASUR
Address: 31 CHESTERFIELD LANE
City-St-Zip: TOMS RIVER, NJ 08757 US

Title: T
Name: TAYLOR, AMIE SECRETA
Address: 199 S OLD CREEK ROAD
City-St-Zip: VERNON HILLS, IL 60061 US

Title: T
Name: SCHOLL, CHUCK MODERAT
Address: 333 NORTH AVENUE
City-St-Zip: TALLMADGE, OH 44278 US

Title: T
Name: TAYLOR, DIANE MODERAT
Address: 16 CLEVELAND AVENUE
City-St-Zip: EVERETT, MA 02149 US

Title: T
Name: DAVID, JOSEPH TRUSTEE
Address: 1920 S 5TH STREET, #207
City-St-Zip: ALLENTOWN, PA 18103 US

I hereby 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 all other like empowered.

SIGNATURE: DIANE TAYLOR

MDRT

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date