FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



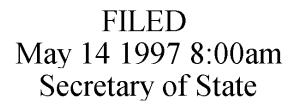
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

199

DOCUMENT # N50465 (6)

EATING DISORDERS AWARENESS & PREVENTION, INC. -**FLORIDA**





					B#8ff
Principal Place		Mailing Address	-00		in ardı 61211 albir eldir Biğil elbil 1521
3600 WASHIN	MEDICAL CENTER RADER ISTON ST	EMERALD HILLS MEDICAL 4400 SHERIDAN STREET	'3 0.		
HOLLYWOOD FL 33F62 US		HOLLTWOOD FE 33021		3. Date Incorporated or Qualified 08/17/1992	3a. Date of Last Report 08/03/1995
2. Pancipal Ri	ech of Business	2a. Malling ^		4. FEI Number	Applied For
21	·		، سو	65-0397892	Not Applicable
E 13 19	M otc N.W. 10th CT	21 SAME		5. Certificate of Status Desired	See Required
- Gour	Spring FC	26 City & Stud	•	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
_ Zic > <	Coline	Zip_ -	¬ ĭi c ∧	8. This corporation has liability for int	
2 330	25 \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	2(3	o U.SA.		Yes No
	9, Name and Address of Currer	it Hegistered Agent	B1 Name	10. Name and Address of New Reg	Jistered Ağent
			[[
	APADAKIS, TEDDY		82 Street Add	fress (P.O. Box Number is Not Acceptable	1234 BLD #4
	DER INSTITUTE HMC		83	IVES DAIRY KD	1 237 OLD 7
	ASHINGTON ST		03	•	
HOLLYW	/OOD FL 33162		84 CV	A.4 47	FL 85 3 50079
44 5	to the good delegant Continue Cold OFOC	2 and 017 1500 Florida District	the above a second agency	AMI PC	and a first and a little and a state of the same of th
or register	red agent, or both, in the State of Fiori	z and 617.1508, Florida Statutes, t ida. Such change was authorized t	the above-hamed corpo by the corporation's boa	oration submits this statement for the purpor and of directors. I hereby accept the appoin	use or changing its registered offici ntment as registered agent. I am
familiar wi	th, and accept the obligations of, Sect	tion 617.05 G, Flor la Statutes.	•	57	10.
SIGNATURE	Leder protest	paris		3/6	4 176
12.	Signature, typed or proved varue of registeral agen-	T and title if applicable. (NOTE: F ID DIRECTORS	Registered Agent eignature require	ADDITIONS/CHANGES TO OFFICE	E DO AND DIDECTORS IN 12
TITLE	PD OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	· -	Dicerte	12 NAME		
	PROTOPAPADAKIS, TEDDY 3600 WASHINGTON ST				
STREET ADDRESS	HOLLYWOOD FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		Change Addition
	TD	Dotter	B		Change Change
NAME	WARSETSKY, BARBARA		2.2 NAME		
STREET ADDRESS	576 RIVERSIDE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CORAL SPRINGS FL	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
-	RSD proov	Checete			
NAME	DEMARS, PEGGY		3.2 NAME		
STREET ADDRESS	510 RIVERSIDE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		Mottere	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Chance C Addition
TITLE			5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Phriette	5.4 C/TY-ST-ZIP		Change Maddig
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 12 or Block 33 if changed, or of an attachment with an address.