

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**PAID**

DOCUMENT # P33953

(1)

1. Corporation Name

INTERNATIONAL ASSOCIATION OF EATING DISORDERS PR  
OFSSIONALS, INC.

Principal Place of Business

Mailing Address

123 N.W. 13TH ST.  
SUITE 206  
BOCA RATON FL 33432

123 N.W. 13TH ST.  
SUITE 206  
BOCA RATON FL 33432



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1991		3a. Date of Last Report 02/22/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 33-0143040		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

KLEIN, SHIRLEY  
123 N.W. 13TH STREET  
SUITE 206  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, DICK	1.2 NAME	Padden, Patricia
STREET ADDRESS	123 N 13 STREET #206	1.3 STREET ADDRESS	123 NW 13 St #206
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, SHIRLEY	2.2 NAME	Shafe, Marie
STREET ADDRESS	123 N.W. 13TH ST.	2.3 STREET ADDRESS	123 NW 13 St #206
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton FL 33432
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVERN, JOHN	3.2 NAME	Emmett Bishop
STREET ADDRESS	123 NW 13 STREET #206	3.3 STREET ADDRESS	123 NW 13 St #206
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton FL 33432
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BRANDEBURG, JOHN D	4.2 NAME	
STREET ADDRESS	123 NW 13 STREET #206	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	GANT, BOB	5.2 NAME	
STREET ADDRESS	123 NW 13 STREET #206	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CENTAFANTI, GARY	6.2 NAME	
STREET ADDRESS	123 NW 13 STREET #206	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Shirley Klein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY KLEIN

3/1/96

407-338-6494

Date

Daytime Phone

CR2E037 (12/95)