FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(1)

INTERNATIONAL ASSOCIATION OF EATING DISORDERS PR OFESSIONALS, INC.

Jan 29 1998 8:00am Secretary of State

FILED

l	10 3 H	.	iai dhleo i ili		 	ı

0.00							
Principal Plac	e of Business	Mailing Address					
123 N.W. 13TH	ST.	123 N.W. 13TH ST.			3. Date Incorporated or Qualified		
SUITE 206		SUITE 206			05/08/1991		
BOCA RATON	FL 33432	BOCA RATON FL 33432			4. FEI Number Applied For		
					33-0143040 Not Applicable		
2. Principal Place of Business 2a. Mailing Address					CO 75 1 della cont		
21		26			5. Certificate of Status Desired		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be		
22		27			Trust Fund Contribution		
City & Stat	e	City & State			7- Is this nonprofit corporation a homeowners association?		
23		28			☐ Yes No		
Zip	Country	Zip Country		У	8. This corporation owes or has paid the current year Intangible		
24	25	29 30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
<u> </u>	9. Name and Address of Current	negistered Agent	8	1 Name	to. Name and Address of New Registered Agent		
I I FIN C	NUDE EV				·		
KLEIN, S	SHIRLEY 1. 13TH STREET		8:	2 Street	Address (P.O. Box Number is Not Acceptable)		
SUITE 2			8:	3			
1	ATON FL 33432		18	I City			
			1	1	FL '		
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statut of Florida. Such change was	ve-named by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered			
1	m familiar with and accept the obligat	7 .	orida Statut	es.	1-11-98		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered A	gent signature	required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Р	DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	CENTAFANTI, GARY		1.2 NAME		JOHN LOVERN EDOL		
STREET ADDRESS	123 N 13 STREET #206		1.3 STRE	T ADDRESS	113 AW 13 ST #206		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY	ST-ZIP	BOCA RATON FV		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition		
NAME	PADDEN, PATRICIA		2.2 NAME		113 NW 13 ST 1206		
STREET ADDRESS	123 N.W. 13TH ST.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY	-ST-ZIP	DOCA RATOR PL		
TITLE	D	☐ DELETE	3.1 TITLE	-	SER RUEY KLENT , Change Addition		
NAME	SHAFE, MARIE		3.2 NAME		143 NW 13 ST #204		
STREET ADDRESS	123 NW 13 STREET #206		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY	-ST-ZIP	Boca daton FL		
TITLE	DT	DELETE	4.1 TITLE		JOHN BRONDE BURG Change Addition		
NAME	MORRIS, CHARLES		4, 2 NAM		SOMH DRANDEDURG		
STREET ADDRESS	123 NW 13 STREET #206		4.3 STREE	T ADDRESS	123 NW 13 ST #104		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-	ST-ZIP	BOCA LATON FL		
TITLE	D	DELETE	5.1 TITLE		Change Addition		
NAME	EMMETT, BISHOP JR		5.2 NAME				
STREET ADDRESS	123 NW 13 STREET #206		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-	ST-ZIP			
TITLE	<u></u>	FR			Change Addition		
	Ď	DELETE	6.1 TITLE	1	LI Change LI Addition		
NAME	CENTAFANTI, GARY	DELETE	6.1 TITLE 6.2 NAME	j	L Ciarge L Addition		
1 1	-	DELETE	6.2 NAME	T ADDRESS	L Cikinge L Adullion		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

561 338 6494