### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006427

Entity Name: FAMILY NUTRITION CENTER FOUNDATION, INC.

FILED
Jan 07, 2017
Secretary of State
CC8249764862

### **Current Principal Place of Business:**

5350 W. HILLSBORO BLVD

105

COCONUT CREEK, FL 33073

# **Current Mailing Address:**

5350 W. HILLSBORO BLVD

COCONUT CREEK, FL 33073

FEI Number: 80-0591963 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SCANNELL, ROBIN J 2335 SPRINGS LANDING BLVD LONGWOOD, FL 32779 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:

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title P Title TS

Name BESELER, LUCILLE CEO Name SCANNELL, ROBIN J

Address 5350 W. HILLSBORO BLVD Address 2335 SPRINGS LANDING BLVD

City-State-Zip: COCONUT CREEK FL 33073 City-State-Zip: LONGWOOD FL 32779

Title D Title D

NameMOPPERT, DARLENE RDNameCECIL, MAUREENAddress7720 W OAKLAND PARK BLVDAddress6230 NW 26TH COURTCity-State-Zip:SUNRISE FL 33351City-State-Zip:SUNRISE FL 33313

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.

TS