

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006427

Entity Name: FAMILY NUTRITION CENTER FOUNDATION, INC.**Current Principal Place of Business:**20483 VIA MARISA
BOCA RATON, FL 33498-6708**Current Mailing Address:**20483 VIA MARISA
BOCA RATON, FL 33498-6708 US**FEI Number: 80-0591963****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCANNELL, ROBIN J
256 OLIVIA ROSE CT.
LAKE MARY, FL 32746 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 PRESIDENT
Name BESELER, LUCILLE RDN, LDN
Address 20483 VIA MARISA
City-State-Zip: BOCA RATON FL 33498-6708

Title SECRETARY, TREASURER
Name SCANNELL, ROBIN J
Address 256 OLIVIA ROSE CT.
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name CHRISTIE, CATHERINE RDN PHD
Address 2722 TARTUS DRIVE
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name MCKINNON, REBECCA
Address 10858 WHITE ASPEN LANE
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR
Name GILL, LIVLEEN
Address 20483 VIA MARISA
City-State-Zip: BOCA RATON FL 33498-6708

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: LUCILLE BESELER**PRESIDENT****02/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date