

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002333

Entity Name: THE FOOD ADDICTION INSTITUTE, INC.**Current Principal Place of Business:**1368 GEORGETOWNE CIRCLE
PO BOX
SARASOTA, FL 34232**Current Mailing Address:**PO BOX 51261
SARASOTA, FL 34232**FEI Number: 61-1203757****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WERDELL, PHIL
1368 GEORGETOWNE CIRCLE
SARASOTA, FL 34232 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	VC	Title	BOARD LEGAL COUNSEL
Name	EVANS, DAVID G. ESQ.	Name	TOTTEN, JAMIE P ESQ.
Address	203 MAIN ST #250	Address	4359 TIMOR PL.
City-State-Zip:	FLEMINGTON NJ 08822	City-State-Zip:	SARASOTA FL 34241
Title	TREASURER	Title	CHAIRMAN
Name	DICKSON, DANA E	Name	CHEREN, MARK
Address	3909 MEADOW CREEK LANE	Address	3093 WARRINGTON RD.
City-State-Zip:	SARASOTA FL 34233	City-State-Zip:	SHAKER HEIGHTS OH 44120-2460
Title	DIRECTOR	Title	DIRECTOR
Name	JONSSON, BITTEN	Name	GUDMUNDSDOTTIR, ESTHER H
Address	TAMMS KANALVÄG 11 C	Address	AKURHVARF 7
City-State-Zip:	NASVIKEN SWEDEN S-820 64	City-State-Zip:	KOPAVOGUR ICELAND 203
Title	DIRECTOR	Title	SECRETARY
Name	WERDELL, PHIL	Name	WOOD, BETTE
Address	1368 GEORGETOWN CIRCLE	Address	8143 GEORGE TAYLOR ROAD
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	FAYETTEVILLE NY 13066

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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: MARK CHEREN**CHAIRMAN****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	SELINSKY, TINA
Address	3018 PINE STREET
City-State-Zip:	BRADENTON FL 34208