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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700005405

1. Corporation Name

PINELLAS DISTRICT OF THE FLORIDA DIETETIC ASSOCIATION, INC.

Princ	cipal Pla	ace of	Busine
3201	BLUEES	S DRIN	/F

LARGO FL 33770

Mailing Address

3201 BLUFFS DRIVE LARGO FL 33770

FILED Mar 06, 1999 8:00 am § Secretary of State

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Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address		$\overline{\Delta}$	3. Date Incorporated or Qualifed				
City & State Country 6. Election compaign Financing \$5.00 May be Added to Fees 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Primate rund Contribution Added to Fees 12. Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 City	:1]		26 P.O. BOX (<u> </u>	$\mathcal{O}_{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline$	09/22/1997				
City & Sister City & Sister	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				App	lied For		
Second Status Desired Fee Required Fee Requ	22		27			59-3197685	Not	Applicable		
2 2 3 3 1 4 4 0 6 5 0 3 0 3	¬ '	е		F		5. Certificate of Status Desired	· · · · · · · · · · · · · · · · · · ·			
8. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name and A		Country	Zip	Country		6. Election Campaign Financing	\$5.00 N	May Be		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	<u>, </u>	25	29 33744-065030]	,					
WILLS, JOHN H 3201 BLUFFS DRIVE LARGO FL 33770 82 83 84 City FL 85 Zip Code 15. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and milliar with, and accept the obligations of, Sections 617,0503, Florids Statutes. SIGNATURE **Signature** **OFFICERS AND DIRECTORS** 12. OFFICERS AND DIRECTORS** 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WILLS, JOHN H 13. SIREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WILLS, JOHN H 13. SIREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WILLS, JOHN H 13. SIREET ADDRESS 14. OFFICERS AND DIRECTORS IN 12 **OFFICERS AND DIRECTORS** 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WILLS, JOHN H 13. SIREET ADDRESS 14. OFFICERS AND DIRECTORS IN 12 **OFFICERS AND DIRECTORS** 14. OFFICERS AND DIRECTORS IN 12 **OFFICERS AND DIRECTORS** 15. THE STATE ADDRESS 16. OFFICERS AND DIRECTORS** 16. OFFICERS AND DIRECTORS** 17. STATE ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **OFFICERS AND DIRECTORS** 19. DELETE 19. DELE				1.						
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3201 BLUFFS DRIVE LARGO FL 33770 A				<u></u>	A COLUMN (DO D. N. sharis Not Assessable)					
LARGO FL 33770 Saje	, and the second se			82	82 Street Address (P.O. Box Number is Not Acceptable)					
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Floride 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 Florides, Such changes about the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 917,0503, Floride Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VILLS, JOHN H 1.5 TREET ADDRESS 1.1 TITLE 1.2 VILLS, JOHN H 1.5 TREET ADDRESS				83	83					
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 SI	LARGO FL	. 33770								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WARE WILLS, JOHN H 12. WARE 13. STREET ADDRESS 32. DELETE 13. TO HITLE 14. TITLE WILLS, JOHN H 12. WARE 13. STREET ADDRESS 32. DELETE 14. TITLE 14. TITLE 14. TITLE 15. TO HITLE 15. TO HITLE 15. TO HITLE 15. TO HITLE 16. TO HITLE 16. TO HITLE 16. TO HITLE 16. TO HITLE 17. TO HITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND IN 12					City FL 85 Zip Code					
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SIGNATURE Signaturia, typed of printed name of registered signet and lite if application. (NOTE, Registered Agent signature required when refination) CATE	office or n	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 617.0503, Florida	onzed by Statutes	tne corpor	ation's board of directors. Thereby accept the appe	miunem as reg	istorou		
Signature, typed or printed name of registered agent and tall it application. (NOTE: Registered Agent suparature required when reflectation) ITLE D		_								
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DIAMPLOT TIP	STREET ADDRESS			6.3 STREET	ADDRESS					
	CITY-ST-ZIP			6.4 CITY-S	r-ZIP					

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, with all pther like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

799 727-398-6661 Daytime Phone # X 4471 CRZEUS/ (11/90)