2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT OCUMENT # NOTOOOGAGE

Mar 31, 2005 8:00 am Secretary of State

FILED

1. Entity Name PINELLAS DISTRICT OF THE FLORIDA DIETETIC ASSOCIATION, INC.								03-31-2005	90046 03	38 ****61.2	25	
Principal Place of Business 3201 BLUFFS DRIVE LARGO, FL 33770			Mailing Address PO BOX 0650 BAY PINES, FL 33744-0650			i						
2. Principal Place of Business 10 206 Seminole Island DR			3. Mailing Address					!		\$ \$ \$:(ta)	
Suite, Apt, #, etc.			Suite, Apt. #, etc.				03252005	Chg-NP	CR2E	037 (10/03)		
City & State Largo PL			City & State	City & State			4. FEI Number Applied For 59-3197685 Not Applicable					
Zip	<u>, , , , , , , , , , , , , , , , , , , </u>	Country	Zip Cou		intry	5 Certificate of Status Desired S8.75 Addition			fitional			
3517	33773 USA 6. Name and Address of Current Registr			ed Agent			7. Name and Address of New Registered Agent					
	1				Name							
STAPELL, 1982 CAPI					Street Ac	dress (F	P.O. Box Numbe	r is Not Acceptat	ole)			
SUITE C TALLAHASSEE, FL 32308												
,				City			FL Zip Code					
	named entity ions of registe		r the purpose of changing i	ts registere	ed office or	register	ed agent, or both	n, in the State of F	lorida. I an	n familiar with,	and accept	
SIGNATURE .												
SIGNATORE.	Signature, typed	or printed name of registered agent	and title if applicable. (NC	OTE: Registered	d Agent signatu	ra required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.			\$E.00 s	Make check payable to Florida Department of State				
10.			Hustrund	Contributi	ion.		\$5.00 May Be Added to Fees	- 1				
		OFFICERS AND DI		11.			Added to Fees	- 1	orida Depa	artment of S	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l -			11. TITLE NAMI STRE		PD kend 1020	Added to Fees ADDITIONS/CHA O H(Cor O Semir	ANGES TO OFFICE Nahy Tole Islam	CERS AND D	artment of S	tate	
NAME STREET ADDRESS	SZABO, A 2283 WILL CLEARW/ TD WONG, A 6684 26TI	NNE LOW BROOK DRIVE ATER, FL 33764 NGEL	RECTORS THE Delete THE Delete	11. TITLE NAMI STRE CITY- TIFLE NAMI	E E E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	kend 1020 Lac TD Suss	Added to Fees ADDITIONS/CHAP TO HICCOR TO Semir TO FL TO Brad I Paddod	File Index of File Index of In	ERS AND D	DIRECTORS IN	tate I 10	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SZABO, A 2283 WILL CLEARWA TD WONG, A 6684 26TH SAINT PE VD MCCONA	NNE LOW BROOK DRIVE ATER, FL 33764 NGEL H ST. N. TERSBURG, FL 3370 HY, KENDRA W F BAY DR. #170	RECTORS THE Delete THE Delete	11. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE STRE	E E E ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	PD LOSE LOSE SUST PD SUSS 223 JUN MOO 160 Che	Added to Fees ADDITIONS/CHA TO HICOT TO FL TO FL	Flininges to office year y to le 13 lax	ERS AND E	DIRECTORS IN Change	tate I 10 Addition	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

☐ Change

☐ Addition