

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005405

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** PINELLAS DISTRICT OF THE FLORIDA DIETETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

2227 TONIWOOD LANE  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

10707 EVENINGWOOD CT  
TRINITY, FL 34655

**Current Mailing Address:**

PO BOX 0650  
BAY PINES, FL 337440650

**New Mailing Address:**

**FEI Number:** 59-3197685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAPELL, CHRISTINE  
1982 CAPITAL CIRCLE NE  
SUITE C  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SCHWIRIAN, BARBARA  
Address: 2227 TONIWOOD LANE  
City-St-Zip: PALM HARBOR, FL 34685

Title: P ( ) Delete  
Name: KOBERNA, PAULINE  
Address: 1817 BOUGH AVE UNIT B  
City-St-Zip: CLEARWATER, FL 33760

Title: SD ( ) Delete  
Name: TOBER, STEPHANIE  
Address: 239 RIDGE ROAD  
City-St-Zip: PALM HARBOR, FL 34683

Title: VDPE ( ) Delete  
Name: STUBBLEFIELD, GINNY  
Address: 480 CAPRI WAY NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: MAYS, RENEE  
Address: 10707 EVENINGWOOD CT  
City-St-Zip: TRINITY, FL 34655

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RENEE MAYS

TD

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date