

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **719072** (1)

1. Corporation Name

**FLORIDA DIETETIC ASSOCIATION, INC.**



Principal Place of Business

1276 PAUL RUSSELL RD.  
TALLAHASSEE FL 32301

Mailing Address

1276 PAUL RUSSELL RD.  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified  
**03/03/1970**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2339 WEDNESDAY ST**  
Suite, Apt. #, etc.

26 **PO BOX 12608**  
Suite, Apt. #, etc.

22

27

City & State

City & State

23 **TALLAHASSEE FL**

28 **TALLAHASSEE FL**

Zip Country

Zip Country

24 **32308**

25 **USA**

29 **32317-2608**

30 **USA**

4. FEI Number  
**59-6155745**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STAPELL, CHRISTINE**  
1276 PAUL RUSSELL ROAD  
TALLAHASSEE FL 32301

81 Name **SAME**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2339 WEDNESDAY ST**  
83  
84 City **TALLAHASSEE** FL 85 Zip Code **32308**

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 **Christine Stapell EXECUTIVE DIRECTOR**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**4/15/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, PENNY	
STREET ADDRESS	5851 CAMINO DEI SOL APT 300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHMITZ, MICHELLE	
STREET ADDRESS	2330 INVERNESS DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BREZINA, ANNE	
STREET ADDRESS	JAMES AH VA HOSPITAL, 1300 W BRUCE B DOWNS	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOPER, PEGGY	
STREET ADDRESS	5702 BELMERG PKWY APT. 308	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	STAPELL, CHRISTINE	
STREET ADDRESS	1276 PAUL RUSSELL ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRENDA MARTY JIMENEZ	
1.3 STREET ADDRESS	1954 NW 93 TER	
1.4 CITY-ST-ZIP	71 LAUDERDALE FL 33322-5258	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANNE BREZINA	
2.3 STREET ADDRESS	JAMES AH VA HOSP 1300 W BRUCE B DOWNS BLVD	
2.4 CITY-ST-ZIP	TAMPA FL 33612	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EVELYN ENRIQUE	
3.3 STREET ADDRESS	13051 SW 97 CT	
3.4 CITY-ST-ZIP	MIAMI FL 33176	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Christine A. Stapell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/96**  
Date

**914 386 8850**  
Daytime Phone #

CR2E037 (12/95)