

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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

Mailing Address

**2339 WEDNESDAY ST
TALLAHASSEE FL 32308
US**

**PO BOX 12608
TALLAHASSEE FL 32317-2608
US**



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|---|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/03/1970 | | 3a. Date of Last Report 04/17/1996 | |
| 21 | | 26 | | 4. FEI Number 59-6155745 | | Applied For Not Applicable | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip | | 25 Country | | 29 Zip | | 30 Country | |
| 24 | | 25 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

**STAPELL, CHRISTINE
2339 WEDNESDAY ST
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|----------------------------|---|--|--|---|------------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JIMENEZ, BRENDA MARTY | | | 1.2 NAME | Evelyn Enrione | | |
| STREET ADDRESS | 1854 NW 83RD TERR | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | BREZINA, ANNE | | | 2.2 NAME | Kelly, Kathleen | | |
| STREET ADDRESS | JAMES AH VA HOSPITAL, 13000 BRUCE B DOWNS | | | 2.3 STREET ADDRESS | Juno Plaza Ste 202, 11985 US Hwy 1 | | |
| CITY-ST-ZIP | TAMPA FL | | | 2.4 CITY-ST-ZIP | Juno Beach, FL 33408 | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 3.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | ENROINE, EVELYN | | | 3.2 NAME | Ringenberg, Susan | | |
| STREET ADDRESS | 13351 SW 97 COURT | | | 3.3 STREET ADDRESS | 1806 Banyan Creek Cir. N | | |
| CITY-ST-ZIP | MIAMI FL | | | 3.4 CITY-ST-ZIP | Boynton Beach, FL 33436 | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COOPER, PEGGY | | | 4.2 NAME | | | |
| STREET ADDRESS | 5702 BELMERG PKWY APT. 308 | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL 33624 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | ED | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STAPELL, CHRISTINE | | | 5.2 NAME | | | |
| STREET ADDRESS | 1276 PAUL RUSSELL ROAD | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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.

CR2E037 (9/96)