


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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**



3. Date Incorporated or Qualified

**03/03/1970**

4. FEI Number

**59-6155745**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 **PD** ☐ DELETE  
NAME **ENRIONE, EVELYN**  
STREET ADDRESS **1854 NW 93RD TERR**  
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE **President/Director** ☒ Change ☐ Addition  
1.2 NAME **Kathleen Kelly**  
1.3 STREET ADDRESS **11985 US Hwy 1, Ste. 202**  
1.4 CITY-ST-ZIP **Juno Beach, FL 33408**

TITLE **VD** ☐ DELETE  
NAME **KELLY, KATHLEEN**  
STREET ADDRESS **11895 US HWY 1 JUNO PLAZA STE 202**  
CITY-ST-ZIP **JUNO BEACH FL**

2.1 TITLE **President-Elect/Director** ☒ Change ☐ Addition  
2.2 NAME **Peggy Cooper**  
2.3 STREET ADDRESS **5400 NW 39th Avenue, Apt. Y-225**  
2.4 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **VD** ☒ DELETE  
NAME **ENROINE, EVELYN**  
STREET ADDRESS **13351 SW 97 COURT**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **Secretary** ☒ Change ☐ Addition  
3.2 NAME **Brenda Marty-Jimenez**  
3.3 STREET ADDRESS **1854 NW 93 Terrace**  
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33322**

TITLE **TD** ☐ DELETE  
NAME **SUSAN, RINGENBERG**  
STREET ADDRESS **1806 BANYAN CREEK CIR N**  
CITY-ST-ZIP **BOYNTON BEACH FL**

4.1 TITLE **Treasurer** ☒ Change ☐ Addition  
4.2 NAME **John Wills**  
4.3 STREET ADDRESS **3201 Bluffs Drive**  
4.4 CITY-ST-ZIP **Largo, FL 33770**

TITLE **ED** ☐ DELETE  
NAME **STAPELL, CHRISTINE**  
STREET ADDRESS **1276 PAUL RUSSELL ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE **ED** ☒ Change ☐ Addition  
5.2 NAME **Christine Stapell**  
5.3 STREET ADDRESS **2339 Wednesday Street**  
5.4 CITY-ST-ZIP **Tallahassee, Florida 32308**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

*Christine Stapell*

**CHRISTINE A. STAPELL**

**4/27/98**

**852 346 8852**

CR2E037 (10/97)