


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90152 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719072					
1. Corporation Name FLORIDA DIETETIC ASSOCIATION, INC.					
Principal Place of Business 2339 WEDNESDAY ST TALLAHASSEE FL 32308 US			Mailing Address PO BOX 12608 TALLAHASSEE FL 32317-2608 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 03/03/1970 4. FEI Number 59-6155745 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STAPELL, CHRISTINE 2339 WEDNESDAY ST TALLAHASSEE FL 32308			10. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, PEGGY		1.2 NAME		
STREET ADDRESS	5400 NW 39TH AVE, #Y-225		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		1.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, KATHLEEN		2.2 NAME		
STREET ADDRESS	11895 US HWY 1 JUNO PLAZA STE 202		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTY-JIMENEZ		3.2 NAME		
STREET ADDRESS	1854 NW 93RD TER		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33322		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLS, JOHN		4.2 NAME		
STREET ADDRESS	3201 BLUFFS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		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	2339 WEDNESDAY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		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 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, with all other like empowered.

SIGNATURE: Christine Stapell 4/26/99 850 382 8950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)