


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90075 035 *****70.00

DOCUMENT # 719072		
1. Entity Name FLORIDA DIETETIC ASSOCIATION FOUNDATION, INC.		

Principal Place of Business 2339 WEDNESDAY ST TALLAHASSEE, FL 32308 US	Mailing Address PO BOX 12608 TALLAHASSEE, FL 32317-2608 US
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44025416



2. Principal Place of Business 1982-C Capital Circle NE	3. Mailing Address NE
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04072004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tallahassee, FL	City & State

4. FEI Number 59-6155745	Applied For Not Applicable
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Zip 32308	Country USA	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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STAPELL, CHRISTINE 2339 WEDNESDAY ST TALLAHASSEE, FL 32308	Name Same Street Address (P.O. Box Number is Not Acceptable) 1982-C Capital Circle NE City Tallahassee FL Zip Code 32308
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>Christine A Stapell</i> Signature, typed or printed name of registered agent and title if applicable.	4/7/04 DATE (NOTE: Registered Agent signature required when reinstating)
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIETZ, GAYLE 219 S.W. 23RD MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dietz, DGayle 219 SW 23 Rd Miami, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODRUFF, SANDR 10022 COLLINS HOLE RD. TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD Christie, Catherine 10168 Bishop Lake RD W Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENSEN, NAN 403 HARBOR DR. S INDIAN ROCKS BEACH, FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Chambers, Joy E. 22602 Magnolia Trace Blvd Lutz, FL 33549-9517 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLADDING, MOLLY 19 W. PALM AVE. LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED STAPELL, CHRISTINE 2339 WEDNESDAY ST TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Christine A Stapell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/7/04 Date	386 8850 Daytime Phone #
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