

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90334 029 \*\*\*\*70.00

**DOCUMENT # 719072**

1. Entity Name  
FLORIDA DIETETIC ASSOCIATION FOUNDATION, INC.



Principal Place of Business  
1982-C CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308 US

Mailing Address  
PO BOX 12608  
TALLAHASSEE, FL 32317-2608 US

50039922



01122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-6155745

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STAPELL, CHRISTINE  
1982-C CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.



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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DIETZ, GAYLE CHRISTIE, Catherine
STREET ADDRESS	219 S.W. 23RD 10168 Bishop Lake RD. W.
CITY-ST-ZIP	MIAMI, FL 33129 JACKSONVILLE, FL 32256
TITLE	PD
NAME	CHRISTIE, CATHERINE Gladding, Molly
STREET ADDRESS	10100 BISHOP LAKE RD W 19 W. PALM AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32256 LAKE WORTH, FL 33467
TITLE	S
NAME	CHAMBERS, JOT'E
STREET ADDRESS	22602 MAGNOLIA TRACE BLVD
CITY-ST-ZIP	LUTZ, FL 335499517
TITLE	T
NAME	GLADDING, MOLLY ADAMS, Holly
STREET ADDRESS	10 W. PALM AVE. 284 Edinburgh Ln.
CITY-ST-ZIP	LAKE WORTH, FL 33467 orange Park, FL 32073
TITLE	ED
NAME	STAPELL, CHRISTINE
STREET ADDRESS	2339 WEDNESDAY ST
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

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

4/18/05  
Date

850-386-8850  
Daytime Phone #