

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719072

FILED  
Feb 01, 2008  
Secretary of State

**Entity Name:** FLORIDA DIETETIC ASSOCIATION FOUNDATION, INC.

**Current Principal Place of Business:**

1839 B BUFORD COURT  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12608  
TALLAHASSEE, FL 323172608 US

**New Mailing Address:**

**FEI Number:** 59-6155745      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STAPELL, CHRISTINE  
1839 B BUFORD COURT  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

STAPELL, CHRISTINE  
1839 B BUFORD COURT  
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: CHRISTINE STAPELL

02/01/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GLADDING, MOLLY  
Address: 19 WEST PALM AVE.  
City-St-Zip: LAKE WORTH, FL 33467

Title: PD ( ) Delete  
Name: BESELER, LUCILLE  
Address: 5901 COLONIAL DR. #108  
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Delete  
Name: CHAMBERS, RACHEL E  
Address: 4911 AVON LANE  
City-St-Zip: SARASOTA, FL 34238

Title: T ( ) Delete  
Name: ADAMS, HOLLY  
Address: 284 EDINBURGH LANE  
City-St-Zip: ORANGE PARK, FL 32073

Title: ED ( ) Delete  
Name: STAPELL, CHRISTINE  
Address: 1839 B BUFORD COURT  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BESELER, LUCILLE  
Address: 5901 COLONIAL DR. #108  
City-St-Zip: MARGATE, FL 33063

Title: PD (X) Change ( ) Addition  
Name: PAZDER, NADINE  
Address: 12249 137TH STREET  
City-St-Zip: LARGO, FL 33774

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHIRSTINE STAPELL

ED

02/01/2008

Electronic Signature of Signing Officer or Director

Date