2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 719072

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:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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: PAZDER, NADINE
Address: 12249 137TH STREET
City-St-Zip: LARGO, FL 33774

Title: PD (X) Change ( ) Addition
Name: SHIM-MCKENNA, EUNSHIL
Address: 4412 NW 9TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: S (X) Change ( ) Addition
Name: NORRIS, STEPHANIE E
Address: 1322 ENSENADA DRIVE
City-St-Zip: ORLANDO, FL 328258300

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: CHRISTINE STAPELL ED 02/16/2009

Electronic Signature of Signing Officer or Director — Date