

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004412

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN ACADEMY OF SPORTS DIETITIANS & NUTRITIONISTS, INC.

**Current Principal Place of Business:**

802 STARTEX ST.  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

802 STARTEX ST.  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 04-3568553

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENTZ, JANE DR.  
802 STARTEX ST.  
THE VILLAGES, FL 32162 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:** CHRM  
**Name:** PENTZ, JANE  
**Address:** 802 STARTEX ST.  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** PSD  
**Name:** PENTZ, JANE  
**Address:** 802 STARTEX ST.  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** VCHR  
**Name:** PENTZ, ROBERT  
**Address:** 802 STARTEX ST.  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** VTD  
**Name:** PENTZ, ROBERT  
**Address:** 802 STARTEX ST.  
**City-St-Zip:** THE VILLAGES, FL 32162

I hereby 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 all other like empowered.

**SIGNATURE:** JANE PENTZ

CHRM

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date