


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90008 018 \*\*\*\*61.25

<b>DOCUMENT # N01000000060</b> 1. Entity Name <b>CYPRESS DIETETIC ASSOCIATION, INC.</b>					
Principal Place of Business P. O. BOX 12608 TALLAHASSEE, FL 32317-2608			Mailing Address P. O. BOX 12608 TALLAHASSEE, FL 32317-2608 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0414541</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STAPELL, CHRISTINE</b> <b>2339 WEDNESDAY ST.</b> <b>TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1982 Capital Circle NE</b> <b>SUITE C</b> City <b>TALLAHASSEE</b> FL Zip Code <b>32308</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KISTLER, SUSAN 1828 WOODPOINT DRIVE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Palmiter, Kyla 310 Glenridge Loop N. Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COZINE, MARY 6715 TRAIL RIDGE DR. LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cozine, Mary 6715 Trail Ridge Dr. Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORFLEET, BRENDA 2421 CRUMP RD. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP Memanus Shannon 5373 Hidden Oaks Dr Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE PALMITER, KYLA 310 GLEN RIDGE LOOP NORTH LAKELAND, FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Bass Bernice 4205 Old Tampa Hwy Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
<b>SIGNATURE:</b> <u>Kyla R. Palmiter</u> <b>KYLA R. PALMITER</b> <b>5-27-04</b> <b>863 409-3948</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**54056233**



04192004 Chg-NP CR2E037 (10/03)

## Division of Corporations

54056233

## Annual Report

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Document Number

N01000000060

Business Entity Name

CYPRESS DIETETIC ASSOCIATION, INC.

FEI Number

650414541

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

P. O. BOX 12608

Suite, Apt. #, etc.

City, State

TALLAHASSEE

FL

Zip Code &amp; Country

323172608

## Mailing Address

Address

P. O. BOX 12608

Suite, Apt. #, etc.

City, State

TALLAHASSEE

FL

Zip Code &amp; Country

323172608

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

STAPELL

CHRISTINE

-or- RA Business Name

Address

1982 CAPITAL CIRCLE NE STG C

Suite, Apt. #, etc.

City, State

TALLAHASSEE

FL

Zip Code &amp; Country

32308

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Christine Stapell

Continue

Reset