## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # N0100000060  1. Entity Name CYPRESS DIETETIC ASSOCIATION, INC.  3  |  |  |   | 06   | 06-01-2004 90008 018 ****61.25   |  |  |  |
|---|--|--|---|--|--|--|--|--|
| Principal Place of Business P. O. BOX 12608 TALLAHASSEE, FL 32317-2608  Mailing Address P. O. BOX 12608 TALLAHASSEE, FL 32317-2608  |  |  |   |  | 54056  | 1) 69)  Et B1   Et   |  |  |
| 2. Principal Place of Business 3. Mailing   |  | 3. Mailing Address   | ng Address  |  |  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   | 04192004 Chg-N   | IP CR2E037 (10/0   |  |  |  |
| City & State  | State City & State   |  |   | 4. FEI Number<br>65-0414541  |  | Applied For<br>Not Applicable                                  |  |  |
| Zip   | Country  | Zip  | Country   | 5. Certificate of Status   | Fee Red  | Additional :<br>uired  |  |  |
|   | 6. Name and Address of Current F   | Registered Agent   | Nama  | 7. Name and Address  | of New Registered Agent  | *  |  |  |
| STAPELL, CHRISTINE<br>2339 WEDNESDAY, ST.   |  |  |   | Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |  |
| TALLAHAS  | SSEE, FL; 32308  |  |   | 1 Sa Lapisa Care III.  |  |  |  |  |
| •   |  |  | City  | City TAIL AHASSEE FL Zip Code 32 308   |  |  |  |  |
|   | named entity submits this statement for<br>lions of registered agent.  | the purpose of changing its req  | gistered office or re   | egistered agent, or both, in the   | State of Florida. I am familiar v  | vith, and accept   |  |  |
|   | t  |  |   |  |  |  |  |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent a   | nd title if applicable. (NOTE: Re  | egistered Agent signature   | required when reinstating)   | DATE   |  |  |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2004   | 9. Election Campa<br>Trust Fund Con                                      | aign Financing  | \$5.00 May Be  | Make check payab   |  |  |  |
| SIGNATURE .   | Filing Fee is \$61.25  | 9. Election Campa<br>Trust Fund Con                                      | aign Financing  | \$5.00 May Be Added to Fees  ADDITIONS/CHANGES T   | Make check payab   | of State   |  |  |
| 10.   | Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR  | 9. Election Campa<br>Trust Fund Con                                      | aign Financing htribution.  | \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO PO   | Make check payab<br>Florida Department of<br>O OFFICERS AND DIRECTOR   | of State   |  |  |
| 10.<br>TITLE<br>NAME  | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR PD KISTLER, SUSAN   | 9. Election Campa<br>Trust Fund Con                                      | aign Financing ntribution.  | \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO PO   | Make check payab<br>Florida Department of<br>O OFFICERS AND DIRECTOR   | of State   |  |  |
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| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR PD KISTLER, SUSAN 1828 WOODPOINT DRIVE WINTER HAVEN, FL 33884   | 9. Election Campa Trust Fund Con   | aign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO Palmiter, Kyla 310 Glentidge Lakeland, FL  | Make check payab<br>Florida Department of<br>O OFFICERS AND DIRECTOR<br>Char<br>2000 N.<br>33809   | of State S IN 10 nge   |  |  |
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

R. PALMITER

7-27-09 8

863 409-3948

Division of Corporations

Attachment

**Division of Corporations** 

NO100000060

Annual Report

Page 1

Document Number N01000000060

**Business Entity Name** 

CYPRESS DIETETIC ASSOCIATION, INC.

| FEI Number                       | 650414541                                |    |
|----------------------------------|--|----|
| FEI Number Status                | C Applied For C Not Applicable © Current |    |
| Certificate of Status D          | esired C Yes © No                        | ٠. |
| p                                | rincipal Place of Business               | ļ. |
| Address                          | P. O. BOX 12608                          |    |
| Suite, Apt. #, etc.              |  |    |
| City, State                      | TALLAHASSEE                              |    |
| Zip Code & Countr                | y 323172608                              |    |
|                                  |  | ŀ  |
|                                  | Mailing Address                          |    |
| Address                          | P. O. BOX 12608                          | ÷  |
| Suite, Apt. #, etc.              |  |    |
| City, State                      | TALLAHASSEE , FL                         |    |
| Zip Code & Countr                | y 323172608 US                           |    |
| Name A                           | nd Address of Registered Agent           |    |
| Name (Last, First, Middle, Title |  |    |
| -or- RA Business Name            |  | ŧ  |
| Address                          | 1982 CAPITAL CIRCLE NE STEC              | ‡  |
| Suite, Apt. #, etc.              |  |    |
| City, State                      | TALLAHASSEE . FL                         |    |
| Zip Code & Country               | 32308 US                                 |    |
| A (47) A (5 ) 1 (1 ) 4           |  |    |

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    | Phone | 11 | aseel     |  |
|------------|-----------|--------------|-------|----|-----------|--|
| 8          | . (a. 60) | -51-511-01-0 | 1     |    | كالكوليان |  |

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