## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Aug 10, 2007 8:00 am Secretary of State

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DOCUMENT # N0100000060  1. Entity Name CYPRESS DIETETIC ASSOCIATION, INC.									30 13 <b>2</b> 3			
Principal Place of Business P. O. BOX 12608 TALLAHASSEE, FL 32317-2608			P. 0.	Mailing Address P. O. BOX 12608 TALLAHASSEE, FL 32317-2608 US			·		05456		ı 88111 88118 81111 <b>88</b>	III <b>s</b> i <b>n</b> e i <b>n</b> ae
2. Principal Pl	lace of Busin	3. Maili	3. Mailing Address									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				07172007	Chg-NP	CR2E	E03 <b>7</b> (12/06)	
City & State			City	City & State				4. FE! Numbe 65-0414				oplied For ot Applicable
Zip		Country	Zip	Zip Co			5. Certificate of Status Desired  \$8.75 Additional Fee Required					
	6. Name	and Address of Curren	t Registere	d Agent			•	7. Name and	Address of Nev	w Registere	d Agent	
   STAPELL	CHRISTI	NE				Name						
STAPELL, CHRISTINE 1982 CAPITAL CIRCLE NE STE C					S			dress (P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE, FL	32308				ļ						
!						City				F	L Zip Cod	e
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR