

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-10-2007 90048 037 ****61.25

DOCUMENT # N01000000060

1. Entity Name
CYPRESS DIETETIC ASSOCIATION, INC.



Principal Place of Business
P. O. BOX 12608
TALLAHASSEE, FL 32317-2608

Mailing Address
P. O. BOX 12608
TALLAHASSEE, FL 32317-2608 US

60054564



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0414541

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAPELL, CHRISTINE
1982 CAPITAL CIRCLE NE
STE C
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME DIMILLO, DOREEN
STREET ADDRESS 609 HUNTERS RUN BLVD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE PD ☒ Change ☐ Addition
NAME *Durden, Suzanne*
STREET ADDRESS *4236 Shadow Wood Court*
CITY-ST-ZIP *Winter Haven, FL 33880*

TITLE TD ☐ Delete
NAME SCHIER, KELLY
STREET ADDRESS 2542 SIX POINT CT
CITY-ST-ZIP LAKELAND, FL 33811

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME MCMANUS, SHANNON
STREET ADDRESS 5373 HIDDEN OAKS DR
CITY-ST-ZIP LAKELAND, FL 33811

TITLE SD ☒ Change ☐ Addition
NAME *Roesenberg, Karen*
STREET ADDRESS *7850 Margate Way*
CITY-ST-ZIP *Lakeland, FL 33809*

TITLE P ☒ Delete
NAME MOORE, JAMIE
STREET ADDRESS 414 PRADO PL
CITY-ST-ZIP LAKELAND, FL 33803

TITLE P ☒ Change ☐ Addition
NAME *Harbison, Jill*
STREET ADDRESS *234 Nassau Rd SE*
CITY-ST-ZIP *Winter Haven, FL 33884*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7/27/07

863-519-7908

EX 1062