

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0414541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DURDEN, SUZANNE
STREET ADDRESS 4236 SHADOW WOOD COURT
CITY- ST- ZIP WINTER HAVEN, FL 33880

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

TITLE SD
NAME ROESEBERG, KAREN
STREET ADDRESS 7850 MARGATE WAY
CITY- ST- ZIP LAKELAND, FL 33809

TITLE P
NAME HARBISON, JILL
STREET ADDRESS 234 NASSAU RD SE
CITY- ST- ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000839588
03/06/08-80015-007 61.25

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IN THIS SPACE**

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 #

1/11/08

863-519-7905

En 1062