

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000060

FILED
Mar 13, 2009
Secretary of State

Entity Name: CYPRESS DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 12608
TALLAHASSEE, FL 323172608

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 12608
TALLAHASSEE, FL 323172608 US

New Mailing Address:

FEI Number: 65-0414541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DURDEN, SUZANNE
Address: 4236 SHADOW WOOD COURT
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: SCHIER, KELLY
Address: 2542 SIX POINT CT
City-St-Zip: LAKELAND, FL 33811

Title: SD () Delete
Name: ROESEBERG, KAREN
Address: 7850 MARGATE WAY
City-St-Zip: LAKELAND, FL 33809

Title: P () Delete
Name: HARBISON, JILL
Address: 234 NASSAU RD SE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HARBISON, JILL
Address: 234 NASSAU RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: TREA (X) Change () Addition
Name: SCHIER, KELLY
Address: 2542 SIX POINT CT
City-St-Zip: LAKELAND, FL 33811

Title: SEC (X) Change () Addition
Name: ROESEBERG, KAREN
Address: 7850 MARGATE WAY
City-St-Zip: LAKELAND, FL 33809

Title: PE (X) Change () Addition
Name: FISH, LISA
Address: 8642 MARY MOSER LANE
City-St-Zip: LAKE WALES, FL 33889

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL HARBISON

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date