2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006
Secretary of State

DOCUMENT# N01000000732

Entity Name: PANHANDLE DISTRICT 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

New Mailing Address:

FEI Number: 81-0633724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STAPELL, CHRISTINE A
2339 WEDNESDAY ST
TALLAHASSEE, FL 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: COLE, MIKE
Address: 3442 CHERRY RIDGE ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: PE ( ) Delete
Name: SHIPMAN, CINDY
Address: PO BOX 27239
City-St-Zip: PANAMA CITY, FL 32422

Title: SD ( ) Delete
Name: VANHEIDEN, JANE
Address: 187 FIELDSTONE LANE
City-St-Zip: WEWAHICTHIKA, FL 32465

Title: T ( ) Delete
Name: BERNSTEIN, PATTY
Address: 2004 TUPELO
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHIPMAN, CINDY
Address: 615 NORTH BONITA
City-St-Zip: PANAMA CITY, FL 32401

Title: PE (X) Change ( ) Addition
Name: COLE, MIKE
Address: 3442 CHERRY RIDGE ROAD
City-St-Zip: LYNN HAVEN, FL 32422

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CINDY SHIPMAN P 09/07/2006

Electronic Signature of Signing Officer or Director — Date