

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000732

FILED
Oct 28, 2008
Secretary of State

Entity Name: PANHANDLE DISTRICT DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

2339 WEDNESDAY STREET
TALLAHASSEE, FL 323172608

New Principal Place of Business:

1839 B BUFORD COURT
TALLAHASSEE, FL 32308

Current Mailing Address:

2339 WEDNESDAY STREET
TALLAHASSEE, FL 323172608

New Mailing Address:

1839 B BUFORD COURT
TALLAHASSEE, FL 32308

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:

STAPELL, CHRISTINE A
1839 B BUFORD COURT
TALLAHASSEE, FL 32308 US

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: CHRISTINE STAPELL

10/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: SANDERS, AMITY
Address: 2928 FAIRMONT DR
City-St-Zip: PANAMA CITY, FL 32405

Title: S (X) Change () Addition
Name: BERNSTEIN, PATTY
Address: 2004 TUPELO
City-St-Zip: PANAMA CITY, FL 32405

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

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: CINDY SHIPMAN

PD

10/28/2008

Electronic Signature of Signing Officer or Director

Date