

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90160-029 \$61.25 \$61.25

DOCUMENT # N01000000732

1. Entity Name

PANHANDLE DISTRICT DIETETIC ASSOCIATION, INC.



03 OCT -3 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

P O BOX 12608  
TALLAHASSEE FL 32317-2608

P O BOX 12608  
TALLAHASSEE FL 32317-2608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT  
CHECK HERE IF MAKING CHANGES 03

4. FEI Number **APPLIED FOR**  
81-0633724

Applied For  
Not Applicable

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 A  
2339 WEDNESDAY ST  
TALLAHASSEE FL

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

Christine A Stapell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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  
NAME RILEY, KATHRYN A  
STREET ADDRESS 6447 OAK SHORE DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32404 ☒ Delete

TITLE PD  
NAME Kathy Barley  
STREET ADDRESS 817 Shorty Kemp Rd  
CITY-ST-ZIP Wewahatchika FL 32465 ☐ Change ☒ Addition

TITLE PD  
NAME SHIPMAN, CINDY  
STREET ADDRESS PO BOX 27239  
CITY-ST-ZIP PANAMA CITY FL 32422 ☐ Delete

TITLE PD  
NAME Amity Sanders  
STREET ADDRESS 2928 Fairmont Dr.  
CITY-ST-ZIP Panama City, FL 32405 ☒ Change ☐ Addition

TITLE SD  
NAME PAULI, CARMA  
STREET ADDRESS HC-3 BOX 40227  
CITY-ST-ZIP PORT SAINT JOE FL 32456 ☒ Delete

TITLE SD  
NAME BERNSTEIN, PATTY  
STREET ADDRESS 123 ROSE CORAL DR  
CITY-ST-ZIP PANAMA CITY FL 32408 ☐ Delete

TITLE T  
NAME BERNSTEIN, PATTY  
STREET ADDRESS 123 ROSE CORAL DR  
CITY-ST-ZIP PANAMA CITY FL 32408 ☐ Delete

TITLE T  
NAME BERNSTEIN, PATTY  
STREET ADDRESS 123 ROSE CORAL DR  
CITY-ST-ZIP PANAMA CITY FL 32408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED Shipman

8/21/03

850-747-6172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

21 10/6