

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2004
Secretary of State**

DOCUMENT# N01000004945

Entity Name: THE WEST FLORIDA DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 11524
PENSACOLA, FL 325241524

New Principal Place of Business:

Current Mailing Address:

PO BOX 11524
PENSACOLA, FL 325241524

New Mailing Address:

FEI Number: 59-1936653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAPELL, CHRISTINE
2339 WEDNESDAY STREET
TALLAHASSEE, FL 32308

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: DT () Delete
Name: HUGHES, AMY
Address: 5340 BRIGHT MEADOWS
City-St-Zip: MILTON, FL 32570

Title: DP () Delete
Name: TURNER, VERSILLA
Address: 3358 EDGEWATER DR
City-St-Zip: GULF BREEZE, FL 32563

Title: DV () Delete
Name: JORGENSEN, DEANNA
Address: 6940 CHINA ROSE CT
City-St-Zip: MILTON, FL 32570

Title: DS () Delete
Name: DUCH, SONYA
Address: 215 ARYLA DR
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: HUGHES, AMY
Address: 3559 HALEY WAY
City-St-Zip: PACE, FL 32571

Title: DP (X) Change () Addition
Name: SHIN, JEE-YOUNG
Address: 3838 BELLE MEADE CT #D
City-St-Zip: PENSACOLA, FL 32501

Title: DV (X) Change () Addition
Name: DUCH, SONYA
Address: 215 ARYLA DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: DS (X) Change () Addition
Name: COOK, DIANE
Address: 4225 PACE LANE
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMY M HUGHES

DT

05/01/2004

Electronic Signature of Signing Officer or Director

_____ Date