

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004945

FILED
Apr 27, 2005
Secretary of State

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 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: DT () Delete
Name: HUGHES, AMY
Address: 3559 HALEY WAY
City-St-Zip: PACE, FL 32571

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: BOYLER, JAN
Address: 5695 AZALEA AVENUE
City-St-Zip: MILTON, FL 32570

Title: DP (X) Change () Addition
Name: MACGREGOR, SONYA
Address: 422 S 2ND STREET
City-St-Zip: PENSACOLA, FL 32507

Title: DS (X) Change () Addition
Name: STRAW, MINDI
Address: 4305 WHITELEAF CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: DV (X) Change () Addition
Name: MACGREGOR, SONYA
Address: 422 S 2ND STREET
City-St-Zip: PENSACOLA, FL 32507

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: SONYA MACGREGOR

DP

04/27/2005

Electronic Signature of Signing Officer or Director

Date