

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004945

FILED  
Sep 06, 2006  
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 ( )  
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:**

STAPPELL, 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: BOYLER, JAN  
Address: 5695 AZALEA AVENUE  
City-St-Zip: MILTON, FL 32570

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DP      (X) Change ( ) Addition  
Name: ROBERTS, BARBARA  
Address: 35 DRIFTWOOD AVE SW  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DS      (X) Change ( ) Addition  
Name: DOCK, LORNA  
Address: 1804 BRICK CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DV      (X) Change ( ) Addition  
Name: BONNER, SHERRY  
Address: 1000 MARWALT DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: JAN BOLYER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DT

09/06/2006

\_\_\_\_\_ Date