

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2008
Secretary of State

DOCUMENT# N01000004945

Entity Name: THE WEST FLORIDA DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

5401 CORPORATE WOODS DRIVE
SUITE 850
PENSACOLA, FL 32504

New Principal Place of Business:

1295 WEST FAIRFIELD DRIVE
NUTRITION DIVISION
PENSACOLA, FL 32503

Current Mailing Address:

PO BOX 11524
PENSACOLA, FL 325241524

New Mailing Address:

1507 WEST GREGORY STREET
PENSACOLA, FL 32502

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

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: BONNER, SHERRY
Address: 372 OKALOOSA ROAD
City-St-Zip: FORT WALTON BEACH, FL 32548

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

Title: DV (X) Delete
Name: BRANNON, MELISSA
Address: 1531 COUNTY HWY 278
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: FOLEY, KIM
Address: 3309 KINGSWOOD COURT
City-St-Zip: PENSACOLA, FL 32514

Title: DP (X) Change () Addition
Name: MOTT, MARIE
Address: 1507 WEST GREGORY STREET
City-St-Zip: PENSACOLA, FL 32502

Title: DS (X) Change () Addition
Name: GONZALEZ, GLORIA
Address: 1301 E JACKSON STREET
City-St-Zip: PENSACOLA, FL 32501

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: MARIE MOTT

DP

10/30/2008

Electronic Signature of Signing Officer or Director

Date