

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004945

FILED  
May 18, 2009  
Secretary of State

Entity Name: THE WEST FLORIDA DIETETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1295 WEST FAIRFIELD DRIVE  
NUTRITION DIVISION  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

1295 WEST FAIRFIELD DRIVE  
NUTRITION DIVISION  
PENSACOLA, FL 32503

**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: FOLEY, KIM  
Address: 3309 KINGSWOOD COURT  
City-St-Zip: PENSACOLA, FL 32514

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DT (X) Change ( ) Addition  
Name: NEAL, REGINA  
Address: 1295 WEST FAIRFIELD DRIVE, NUTRITION DIV.  
City-St-Zip: PENSACOLA, FL 32501

Title: DP (X) Change ( ) Addition  
Name: BACK, RACHEL  
Address: 4311 BAYOU BOULEVARD, STE F72  
City-St-Zip: PENSACOLA, FL 32503

Title: DS (X) Change ( ) Addition  
Name: FRAZIER, ANNJEANETTE  
Address: 1295 WEST FAIRFIELD DRIVE, NUTRITION DIV.  
City-St-Zip: PENSACOLA, FL 32501

Title: DVP ( ) Change (X) Addition  
Name: JAN, GEVELINGER  
Address: 5151 N. 9TH AVE, CLINICAL NUTRITION DIV.  
City-St-Zip: PENSACOLA, FL 32504

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: RACHEL BACK

DP

05/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date