

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 19, 2010
Secretary of State**

DOCUMENT# N01000004945

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 ()**

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: T
Name: NEAL, REGINA
Address: 1295 WEST FAIRFIELD DRIVE, NUTRITION DIV.
City-St-Zip: PENSACOLA, FL 32501

Title: T
Name: TURNER, VERSILLA
Address: 1295 WEST FAIRFIELD DRIVE, NUTRITION DIV.
City-St-Zip: PENSACOLA, FL 32501

Title: P
Name: JAN, GEVELINGER
Address: 1295 WEST FAIRFIELD DRIVE, NUTRITION DIV.
City-St-Zip: PENSACOLA, FL 32501

I hereby 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 all other like empowered.

SIGNATURE: REGINA NEAL

T

07/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date