

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004945

**FILED**  
**Apr 05, 2011**  
**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:**

1295 WEST FAIRFIELD DRIVE  
NUTRITION DIVISION  
PENSACOLA, FL 32501

**Current Mailing Address:**

1295 WEST FAIRFIELD DRIVE  
NUTRITION DIVISION  
PENSACOLA, FL 32503

**New Mailing Address:**

1295 WEST FAIRFIELD DRIVE  
NUTRITION DIVISION  
PENSACOLA, FL 32501

**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:**

STAPELL, CHRISTINE  
2834 REMINGTON GREEN CIRCLE  
SUITE 102  
TALLAHASSEE, FL 32308 US

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:

04/05/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: JACOBS, ASHLEY  
Address: 1295 WEST FAIRFIELD DRIVE, NUTRITION DIV.  
City-St-Zip: PENSACOLA, FL 32501

Title: S  
Name: TURNER, VERSILLA  
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: JAN GEVELINGER

EXDP

04/05/2011

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

\_\_\_\_\_  
Date