

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90097 018 \*\*\*\*70.00

**DOCUMENT # N01000004945**

1. Entity Name

**THE WEST FLORIDA DIETETIC ASSOCIATION, INC.**



Principal Place of Business

PO BOX 11524  
PENSACOLA FL 32524-1524

Mailing Address

PO BOX 11524  
PENSACOLA FL 32524-1524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**  
**59-1936653**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAPPELL, CHRISTINE**  
**3368 HOLT CIR**  
**PENSACOLA FL 32528**

Name **Stappell, Christine**  
Street Address (P.O. Box Number is Not Acceptable)  
**2339 Wednesday St.**  
City **Tallahassee** FL Zip Code **32308**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  Delete  
NAME **WALKER, ROSANNE**  
STREET ADDRESS **1164 JAGUAR**  
CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE **DP**  Change  Addition  
NAME **Turner, Yessilla**  
STREET ADDRESS **3357 Edgewater Dr.**  
CITY-ST-ZIP **Gulf Breeze, FL 32563**

TITLE **DS**  Delete  
NAME **KAREN, JELLY**  
STREET ADDRESS **1192 LONGWOOD DRIVE**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **DV**  Change  Addition  
NAME **DeAnna Jorgensen, DeAnna**  
STREET ADDRESS **6940 China Rose Ct.**  
CITY-ST-ZIP **Milton, FL 32570**

TITLE **DT**  Delete  
NAME **HOLIFIELD, WENDY**  
STREET ADDRESS **PO BOX 10203**  
CITY-ST-ZIP **PENSACOLA FL 32524**

TITLE **DS**  Change  Addition  
NAME **Duch, Sonya**  
STREET ADDRESS **215 Arriola Dr.**  
CITY-ST-ZIP **Pensacola Beach, FL 3256**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT**  Change  Addition  
NAME **Hughes, Amy**  
STREET ADDRESS **5340 Bright Meadows**  
CITY-ST-ZIP **Milton, FL 32570**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED** *Yessilla Turner*

**2/05/03**

**850-595-6668 EXT 209**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)