

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002980

FILED  
Mar 28, 2005  
Secretary of State

Entity Name: CALOOSA DIETETIC ASSOCIATION CORPORATION

**Current Principal Place of Business:**

2339 WEDNESDAY ST  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2339 WEDNESDAY ST  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 65-0411082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLISON, PAULA  
23422 BURLIN GAME AVE  
PORT CHARLOTTE, FL 33980 US

**Name and Address of New Registered Agent:**

RAKOS, LINDA F  
4814 CONOVER COURT  
FORT MYERS, FL 33908 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: LINDA F. RAKOS

03/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAPPS, CHRISTINE  
Address: 18013 LAUREL VALLEY RD  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: ALLISON, PAULA  
Address: 23422 BURLINGAME AVE  
City-St-Zip: PORT CHARLOTTE, FL 33980

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

Title: P (X) Change ( ) Addition  
Name: RAKOS, LINDA F  
Address: 4814 CONOVER CT  
City-St-Zip: FORT MYERS, FL 33908

Title: T (X) Change ( ) Addition  
Name: ALLISON, PAULA  
Address: 23422 BURLINGAME AVE  
City-St-Zip: PORT CHARLOTTE, FL 33980

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA F. RAKOS

P

03/28/2005

Electronic Signature of Signing Officer or Director

Date