

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002980

FILED
Sep 11, 2008
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:

9997 VIA SAN MARCO LOOP
FORT MYERS, FL 33905

FEI Number: 65-0411082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BRUSEHABER, JULIE RD LD/N
1452 RIO DE JANEIRO BLVD
UNIT A 102
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

HASTINGS, ELAINE RD LD/N
9997 VIA SAN MARCO LOOP
FORT MYERS, FL 33905 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: ELAINE HASTINGS, RD, LD/N

09/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRUSEHABER, JULIE RD LD/N
Address: 1452 RIO DE JANEIRO BLVD UNIT A 102
City-St-Zip: PUNTA GORDA, FL 33983

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HASTINGS, ELAINE RD LD/N
Address: 9997 VIA SAN MARCO LOOP
City-St-Zip: FORT MYERS, FL 33905

Title: VP () Change (X) Addition
Name: DUFFEY, ALISON RD, LDN
Address: 921 47TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: T () Change (X) Addition
Name: CALDERWOOD, JANET RD, LDN
Address: 8271 KEY ROYAL CIRCLE UNIT 923
City-St-Zip: NAPLES, FL 34119

Title: S () Change (X) Addition
Name: CLINTON, HEATHER RD, LDN
Address: 2321 ORANGE STREET
City-St-Zip: LEHIGH ACRES, FL 33936

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: ELAINE HASTINGS, RD, LD/N

P

09/11/2008

Electronic Signature of Signing Officer or Director

Date