2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N02000002980

Entity Name: SOUTHWEST FLORIDA DIETETIC ASSOCIATION CORPORATION

Current Principal Place of Business:

2339 WEDNESDAY ST
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

9997 VIA SAN MARCO LOOP
FORT MYERS, FL 33905

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:

HASTINGS, ELAINE RD LD/N
9997 VIA SAN MARCO LOOP
FORT MYERS, FL 33905 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:	P	( ) Delete
Name:	HASTINGS, ELAINE RD LD/N	
Address:	9997 VIA SAN MARCO LOOP	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	VP	( ) Delete
Name:	DUFFEY, ALISON RD, LDN	
Address:	921 47TH AVE NE	
City-St-Zip:	NAPLES, FL 34120	
Title:	T	( ) Delete
Name:	CALDERWOOD, JANET RD, LDN	
Address:	8271 KEY ROYAL CIRCLE UNIT 923	
City-St-Zip:	NAPLES, FL 34119	
Title:	S	( ) Delete
Name:	CLINTON, HEATHER RD, LDN	
Address:	2321 ORANGE STREET	
City-St-Zip:	LEHIGH ACRES, FL 33936	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JANET CALDERWOOD TREA 04/15/2009

Electronic Signature of Signing Officer or Director — Date