

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002980

FILED  
Apr 20, 2010  
Secretary of State

**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  
Name: HASTINGS, ELAINE RD LD/N  
Address: 9997 VIA SAN MARCO LOOP  
City-St-Zip: FORT MYERS, FL 33905

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

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

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

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: JANET CALDERWOOD

RD

04/20/2010

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

\_\_\_\_\_  
Date