


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90040 037 ****61.25

DOCUMENT # N04000001669 1. Entity Name SPACE COAST DIETETIC ASSOCIATION, INC					
Principal Place of Business 2339 WEDNESDAY ST. TALLAHASSEE, FL 32317-2608			Mailing Address P. O. BOX 12608 TALLAHASSEE, FL 32317-2608		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1157879	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAVIGAN, PEGGY 204 SAILFISH COURT SEBASTIAN, FL 32976				7. Name and Address of New Registered Agent Name ANNE E. CARLSON Street Address (P.O. Box Number is Not Acceptable) 2572 VENTURA CIRCLE City W. Melbourne FL Zip Code 32904	
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 <u>Anne E. Carlson</u> DATE <u>1-14-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIGAN, PEGGY		NAME	CARLSON, ANNE	
STREET ADDRESS	204 SAILFISH COURT		STREET ADDRESS	2572 Ventura Ventura Circle	
CITY-ST-ZIP	SEBASTIAN, FL 32976		CITY-ST-ZIP	W. Melbourne FL 32904	
TITLE	PE	<input checked="" type="checkbox"/> Delete	TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RYAN		NAME	NELSON, LORI	
STREET ADDRESS	413 OCEAN PARK LANE		STREET ADDRESS	2993 PARK VILLAGE WAY	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINKLE, DAVID		NAME	TRINKLE, DAVID	
STREET ADDRESS	882 GLADIOLA CIRCLE, APT#169		STREET ADDRESS	3585 WILSHIRE WAY RD.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICOSIMO, DIANNA		NAME		
STREET ADDRESS	110 KARRIGAN STREET		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Anne E. Carlson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/5/08 321-536-8908</u> <small>Date Daytime Phone #</small>		