

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001669

FILED
Apr 25, 2009
Secretary of State

Entity Name: SPACE COAST DIETETIC ASSOCIATION, INC

Current Principal Place of Business:

2339 WEDNESDAY ST.
TALLAHASSEE, FL 323172608

New Principal Place of Business:

3664 MIDDLEBURG LANE
#105
ROCKLEDGE, FL 32955

Current Mailing Address:

P. O. BOX 12608
TALLAHASSEE, FL 323172608

New Mailing Address:

3664 MIDDLEBURG LANE
#105
ROCKLEDGE, FL 32955

FEI Number: 20-1157879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, ANNE E
2572 VENTURE CIRCLE
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

STAPELL, CHRISTINE
1839 B BUFORD COURT
TALLAHASSEE, FL 32308 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: LORI NELSON

04/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARLSON, ANNE
Address: 2572 VENTURE CIRCLE
City-St-Zip: W. MELBOURNE, FL 32904

Title: PE () Delete
Name: NELSON, LORI
Address: 2993 PARK VILLAGE WAY
City-St-Zip: MELBOURNE, FL 32935

Title: T () Delete
Name: DAVID, TRINKLE
Address: 3585 WILSHIRE WAY RD.
City-St-Zip: ORLANDO, FL 32824

Title: S () Delete
Name: DICOSIMO, DIANNA
Address: 110 KARRIGAN STREET
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, LORI A
Address: 3664 MIDDLEBURG LANE, APT #105
City-St-Zip: ROCKLEDGE, FL 32955

Title: PE (X) Change () Addition
Name: DRUMMOND, LORI A
Address: 13570 MYSTIC DRIVE, B101
City-St-Zip: SEBASTIAN, FL 32958

Title: T (X) Change () Addition
Name: PRIMMAR, JANICE
Address: 1000 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: S (X) Change () Addition
Name: SHANKLAND, LINDA
Address: 2145 TOPAZ CT
City-St-Zip: MERRITT ISLAND, FL 32953

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: LORI NELSON

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date