

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001669

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** SPACE COAST DIETETIC ASSOCIATION, INC

**Current Principal Place of Business:**

3664 MIDDLEBURG LANE  
#105  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

13570 MYSTIC DRIVE  
B101  
SEBASTIAN, FL 32958

**Current Mailing Address:**

3664 MIDDLEBURG LANE  
#105  
ROCKLEDGE, FL 32955

**New Mailing Address:**

13570 MYSTIC DRIVE  
B101  
SEBASTIAN, FL 32958

**FEI Number:** 20-1157879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAPELL, CHRISTINE  
1839 B BUFORD COURT  
TALLAHASSEE, FL 32308 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: DRUMMOND, LORI A  
Address: 13570 MYSTIC DRIVE, B-101  
City-St-Zip: SEBASTIAN, FL 32958

Title: PE  
Name: GALLAGHER, ANGELA A  
Address: 8522 WINDER WAY  
City-St-Zip: MELBOURNE, FL 32940

Title: T  
Name: STREBER, BARBARA  
Address: 5900 BRABROOK AVE  
City-St-Zip: GRANT, FL 32949

Title: S  
Name: VAN WORKUM, KRISTINE  
Address: 514 VERACRUZ BLVD.  
City-St-Zip: INDIALANTIC, FL 32903

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: LORI A. DRUMMOND, R.D., L.D.

PRES

04/22/2010

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

\_\_\_\_\_  
Date