

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001669

FILED  
Mar 07, 2011  
Secretary of State

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

**Current Principal Place of Business:**

13570 MYSTIC DRIVE  
B101  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

5900 BRABROOK AV  
GRANT, FL 32949

**Current Mailing Address:**

13570 MYSTIC DRIVE  
B101  
SEBASTIAN, FL 32958

**New Mailing Address:**

5900 BRABROOK AV  
GRANT, FL 32949

**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: GALLAGHER, ANGELA  
Address: 8522 WINDER WAY  
City-St-Zip: VIERA, FL 32940

Title: PE  
Name: VANWORKUM, KRISTINE  
Address: 514 VERACRUZ BLVD  
City-St-Zip: INDIALANTIC, FL 32903

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

Title: S  
Name: NIEDZ, ROBIN  
Address: 635 34TH TERR  
City-St-Zip: VERO BEACH, FL 32968

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:** BARBARA K STREBER

T

03/07/2011

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

\_\_\_\_\_  
Date