

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001669

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5900 BRABROOK AV  
GRANT, FL 32949

**New Principal Place of Business:**

**Current Mailing Address:**

5900 BRABROOK AV  
GRANT, FL 32949

**New Mailing Address:**

**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:** VAN WORKUM, KRISTINE  
**Address:** 514 VERA CRUZ BLVD  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** PE  
**Name:** NELSON, LORI  
**Address:** 3664 MIDDLEBURG LANE, #105  
**City-St-Zip:** ROCKLEDGE, FL 32955

**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

01/24/2012

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

\_\_\_\_\_  
Date