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FILED

Mar 24 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31126 (8)  
1. Corporation Name  
TALLAHASSEE DIETETIC ASSOCIATION, INC.

Principal Place of Business  
2339 WEDNESDAY STREET  
TALLAHASSEE FL 32308

Mailing Address  
2339 WEDNESDAY STREET  
TALLAHASSEE FL 32308



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

03/10/1989

4. FEI Number

59-3032000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAPELL, CHRISTINE A  
2339 WEDNESDAY STREET  
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
BAKIES, ROBERTA  
2400 SILVER PALM LANE  
TALLAHASSEE FL 32308

1.2 TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
REED, CATHY  
2004 MORNING DOVE ROAD  
TALLAHASSEE FL 32308

1.3 TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
QUINSEY, RICK  
3602 PINE TIP ROAD  
TALLAHASSEE FL 32312

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
J  
JAMES, LYNN  
401 LOCKSLEY LANE  
TALLAHASSEE FL 32312

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Gilbert, Leah  
2335 Merrigan Place  
Tallahassee, FL 32308

2.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☒ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Farmer, Andrea  
4910 Lester Rd  
Tallahassee, FL 32311

4.1 TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/98  
Date

386-2454  
Daytime Phone \* 0607527

CP2E037 (10/97)