


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90299 042 ****61.25

DOCUMENT # N31126 1. Entity 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 1982C Capital Circle NE		3. Mailing Address 1982-C Capital Circle NE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03242004 Chg-NP CR2E037 (10/03)	
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 59-3032000	
Zip 32308		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAPELL, CHRISTINE A 2339 WEDNESDAY STREET TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1982-C Capital Circle NE City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLLOP, LESLIE 1505 HILLTOP DR TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D Delores Truesdell 3036 Shamrock Street South Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, MICHELE 5609 GROVE VALLEY COURT TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUGUSTINE, CLARA LOUISE 4405 SHANNON LAKES WEST TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE TRUESDELL, DELORES 3036 SHAMROCK ST S. TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect D Heather Fisher 2160 Victory Garden Lane Tallahassee, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, PAM 4048 BRANDON HILL DR TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nominating Committee Chairman D Renee Kane 5719 Souix Drive Tallahassee, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Delores Truesdell</u> Delores Truesdell <u>3/27/04</u> <u>644-8215</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					