2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N31126

Entity Name: TALLAHASSEE DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

1982-C CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1982-C CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3032000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAPELL, CHRISTINE A
1982-C CAPITAL CIRCLE NE
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: PD ( ) Delete
Name: TRUESDELL, DELORES
Address: 3036 SHAMROCK STREET SOUTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete
Name: MOORE, MICHELE
Address: 5609 GROVE VALLEY COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete
Name: AUGUSTINE, CLARA LOUISE
Address: 4405 SHANNON LAKES WEST
City-St-Zip: TALLAHASSEE, FL 32309

Title: PED ( ) Delete
Name: FISHER, HEATHER
Address: 2160 VICTORY GARDEN LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete
Name: KANE, RENEE
Address: 5719 SOUIX DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FISHER, HEATHER R
Address: 2160 VICTORY GARDEN LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: PARKS, RICK
Address: 325 WEST GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32399

Title: PED (X) Change ( ) Addition
Name: MOLTHEN, SHANNON
Address: 6168 JASON TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HEATHER FISHER PED 04/18/2005

Electronic Signature of Signing Officer or Director — Date