

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31126

FILED
May 31, 2007
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STAPELL, CHRISTINE A
1982-C CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

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 (X) Delete
Name: REED, CATHY J
Address: 325 WEST GAINES - SUITE 1024
City-St-Zip: TALLAHASSEE, FL 32399

Title: SD () Delete
Name: MULLINS, AMY
Address: 4033 MCLAUGHLIN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: CUZZORT, RUTH
Address: 804 NORTH CALHOUN STREET
City-St-Zip: PERRY, FL 32347

Title: PED () Delete
Name: DANCER-BROWN, MELISSA
Address: PO BOX 15349
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: PD (X) Change () Addition
Name: DANCER-BROWN, MELISSA
Address: PO BOX 15349
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RUTH N. CUZZORT

TD

05/31/2007

Electronic Signature of Signing Officer or Director

Date