

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31126

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** TALLAHASSEE DIETETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1839 B BUFORD COURT  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

2834 REMINGTON GREEN CIRCLE, SUITE 102  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

1839 B BUFORD COURT  
TALLAHASSEE, FL 32308

**New Mailing Address:**

P.O. BOX 12608  
TALLAHASSEE, FL 32317 US

**FEI Number:** 59-3032000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STAPELL, CHRISTINE A  
1839 B BUFORD COURT  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

STAPELL, CHRISTINE A  
2834 REMINGTON GREEN CIRCLE, SUITE 102  
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

04/07/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: FARMER, ANDREA L TD  
Address: 1031 GREEN HILL TRACE  
City-St-Zip: TALLAHASSEE, FL 32317

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: ANDREA L. FARMER

TD

04/07/2010

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

\_\_\_\_\_  
Date