

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35805

FILED
Feb 05, 2007
Secretary of State

Entity Name: GAINESVILLE DISTRICT DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

500 E UNIVERSITY AVE., SUITE A
POST OFFICE DRAWER 2759
GAINESVILLE, FL 326025729

New Principal Place of Business:

Current Mailing Address:

500 E UNIVERSITY AVE., SUITE A
POST OFFICE DRAWER 2759
GAINESVILLE, FL 326025729

New Mailing Address:

FEI Number: 59-0458709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J ESQ.
500 E UNIVERSITY AVE., SUITE A
GAINESVILLE, FL 32602 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: P () Delete
Name: BRYANT, HOLLY
Address: 3103 NW 4TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: T () Delete
Name: PENNELL, SARAH
Address: 2625 SW 75TH ST., APT 1001
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: CORBETT, ARIANNE
Address: 3700 NW 21ST PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: PE () Delete
Name: MCCAHOON, PAM
Address: 2814 NW 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCMAHON, PAMELA
Address: 2814 NW 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

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

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

Title: PE (X) Change () Addition
Name: LILES, BRIANNA
Address: 4621 NE 16TH PLACE
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the 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: SARAH PENNELL

T

02/05/2007

Electronic Signature of Signing Officer or Director

Date