

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35805

FILED
Mar 14, 2011
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: PRES
Name: EPLING, JEAN
Address: 3722 NW 16TH BLVD.
City-St-Zip: GAINESVILLE, FL 32605 US

Title: P EL
Name: ROSS, KATALIN
Address: 1044 SW SUWANNEE DOWNS DR.
City-St-Zip: LAKE CITY, FL 32024 US

Title: SECY
Name: KISILEWICZ, KATHERINE
Address: 1505 FORT CLARKE BLVD, #10201
City-St-Zip: GAINESVILLE, FL 32606 US

Title: TREA
Name: RAMPERSAUD, GAIL
Address: 2254 NW 3RD PLACE
City-St-Zip: GAINESVILLE, FL 32603 US

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: GAIL C. RAMPERSAUD

TREA

03/14/2011

Electronic Signature of Signing Officer or Director

Date