

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35805

**FILED**  
**Jan 31, 2012**  
**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:** ROSS, KATATLIN  
**Address:** 1044 SW SUWANNEE DOWNS DR.  
**City-St-Zip:** LAKE CITY, FL 32024 US

**Title:** P EL  
**Name:** RHODES, TIFFANY  
**Address:** 7553 SW 58TH LANE APT #315  
**City-St-Zip:** GAINESVILLE, FL 32608 US

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

**Title:** SECR  
**Name:** SLOAN, ASHLEY  
**Address:** 7566 SW 80TH DR  
**City-St-Zip:** GAINESVILLE, FL 32608 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:** KATHERINE E KISILEWICZ

TREA

01/31/2012

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

\_\_\_\_\_  
Date