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FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N45771 (5)**

1. Corporation Name

EAST CENTRAL DIETETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 536217
ORLANDO FL 32853-6217P.O. BOX 536217
ORLANDO FL 32853-62173. Date Incorporated or Qualified
10/24/19913a. Date of Last Report
06/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARPENTER, MARY LU
1008 QUAKER RIDGE CT
OUIDO FL 32765**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ULIBARRI, JULIE**
CITY-ST-ZIP **3403 ASCOT RUN
GOTHA FL**1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Ulibarri, Julie**
1.3 STREET ADDRESS **3403 Royal Aston Run**
1.4 CITY-ST-ZIP **GOTHA FL**TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **JOHNSON, SHARON**
CITY-ST-ZIP **606 DEARBORN AVENUE
ALTAMONTE SPRINGS FL**2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **McEwen, Beverly**
2.3 STREET ADDRESS **220 Springwind Way**
2.4 CITY-ST-ZIP **Casselberry FL**TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCGHEE, JULIE BAUER**
CITY-ST-ZIP **871 CAPE DORY CT., APT. 1101
WINTER PARK FL**3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **McGhee, Julie**
3.3 STREET ADDRESS **871 Cape Dory Ct #1101**
3.4 CITY-ST-ZIP **Winter Park FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Julie McGhee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

407-699-1036

Date Daytime Phone # 0017918

CR2E037 (9/96)