2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005
Secretary of State

DOCUMENT# N45771

Entity Name: EAST CENTRAL DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 536217
ORLANDO, FL 328536217

New Principal Place of Business:

P.O. BOX 4266
WINTER PARK, FL 32793

Current Mailing Address:

P.O. BOX 536217
ORLANDO, FL 328536217

New Mailing Address:

P.O. BOX 4266
WINTER PARK, FL 32793

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARPENTER, MARY LU
1008 QUAKER RIDGE COURT
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

VAN CAMP, MEGHAN
2727 DELLWOOD DRIVE
ORLANDO, FL 32806 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: MEGHAN MURPHY VAN CAMP 08/26/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GEISE, TARA
Address: FLORIDA HOSPITAL CELEBRATION
City-St-Zip: CELEBRATION, FL

Title: T (X) Delete
Name: CARPENTER, MARY LU
Address: 1008 QUAKER RIDGE COURT
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete
Name: ROMEO, BARBARA
Address: 3231 HEATHER BROOK CT
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VAN CAMP, MEGHAN
Address: 2727 DELLWOOD DRIVE
City-St-Zip: ORLANDO, FL 32806

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MEGHAN MURPHY VAN CAMP P 08/26/2005
Electronic Signature of Signing Officer or Director Date