2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N45771

Entity Name: EAST CENTRAL DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4266
WINTER PARK, FL 32793

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4266
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

VAN CAMP, MEGHAN
2727 DELLWOOD DRIVE
ORLANDO, FL 32806 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:	PD	( ) Delete
Name:	VAN CAMP, MEGHAN	
Address:	2727 DELLWOOD DRIVE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	SD	( ) Delete
Name:	ROMEO, BARBARA	
Address:	3231 HEATHER BROOK CT	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	T	( ) Delete
Name:	ROBERTSON, NICOLE N	
Address:	3013 JUNEBERRY TERRACE	
City-St-Zip:	OVIEDO, FL 32766	
Title:	V	( ) Delete
Name:	YATES, TENNILLE	
Address:	1524 CATALPA	
City-St-Zip:	ORLANDO, FL 32806	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: NICOLE ROBERTSON T 05/01/2006

Electronic Signature of Signing Officer or Director — Date