

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45771

FILED
Apr 16, 2007
Secretary of State

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:

1248 BRIDLEBROOK DR
CASSELBERRY, FL 32707

Current Mailing Address:

P.O. BOX 4266
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: 34-2055621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN CAMP, MEGHAN
2727 DELLWOOD DRIVE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

LAYMAN, MANDY
1248 BRIDLEBROOK DR
CASSELBERRY, FL 32707 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: MANDY LAYMAN

04/16/2007

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 (X) 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 JUNE BERRY 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: PD (X) Change () Addition
Name: LAYMAN, MANDY
Address: 1248 BRIDLEBROOK DR
City-St-Zip: CASSELBERRY, FL 32707

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

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

Title: V (X) Change () Addition
Name: SINDLER, AMY
Address: 1533 CATHERINE ST
City-St-Zip: ORLANDO, FL 32801

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: MANDY LAYMAN

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date