

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45771

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** ORLANDO DIETETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

FLORIDA DIETETIC ASSOCIATION  
1839 B BUFORD COURT  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

FLORIDA DIETETIC ASSOCIATION  
% CHRISTINE STAPELL, P.O. BOX 12608  
TALLAHASSEE, FL 323172608

**New Mailing Address:**

**FEI Number:** 34-2055621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

URBANIK, KELLY B  
266 TORPOINT GATE  
LONGWOOD, FL 32779 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  
Name: LEONBERG, KRISTIN  
Address: 104 S PRIMROSE DRIVE  
City-St-Zip: ORLANDO, FL 32803

Title: T  
Name: URBANIK, KELLY B  
Address: 266 TORPOINT GATE  
City-St-Zip: LONGWOOD, FL 32779

Title: V  
Name: VOLPERT, ASTRID  
Address: 12993 ENTRADA DRIVE  
City-St-Zip: ORLANDO, FL 32837

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: KELLY B. URBANIK

T

01/25/2011

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

\_\_\_\_\_  
Date