

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90002 035 ****61.25

DOCUMENT # N96000003404

1. Corporation Name

THE TAMPA DIETETIC ASSOCIATION, INC.

Principal Place of Business

54 SANDPIPER ROAD
TAMPA FL 33609

Mailing Address

54 SANDPIPER ROAD
TAMPA FL 33609



2. Principal Place of Business

21 2780 E FOWLER AVE

Suite, Apt. #, etc.
149

23 TAMPA FL

24 33612 25 USA

2a. Mailing Address

26 2780 E FOWLER AVE

Suite, Apt. #, etc.
149

28 TAMPA FL

29 33612 30 USA

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number

59-2230690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TROCKE, BILLIE
54 SANDPIPER ROAD
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name Tonia Dockter
82 Street Address (P.O. Box Number is Not Acceptable)
10801 SAILBROOK DR
83
84 City RIVERVIEW FL 85 Zip Code 33569

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

TITLE VD
NAME MACKEY, CAROLE
STREET ADDRESS 1846 RIDGE LAKE CT
CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☐ DELETE

TITLE PD
NAME CHAMBERS, JOY E
STREET ADDRESS 22602 MAGNOLIA TR BLVD
CITY-ST-ZIP LUTZ FL 33549 ☒ DELETE

TITLE TD
NAME PRENDERGAST, DOLORES F
STREET ADDRESS 12320 MEMORIAL HWY
CITY-ST-ZIP TAMPA FL 33635 ☒ DELETE

TITLE SD
NAME GIGLIOTTI, JOANN
STREET ADDRESS 10330 SPRINGROSE DR
CITY-ST-ZIP TAMPA FL 33626 ☒ DELETE

TITLE SD
NAME GARDINER, KAREN
STREET ADDRESS 6214 GOLDEN MOSS WY
CITY-ST-ZIP TEMPLE TERRACE FL 33617 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MACKEY, CAROLE
1.3 STREET ADDRESS 1846 RIDGE LAKE CT
1.4 CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME CAROLYN COLLINS
2.3 STREET ADDRESS 4002 LaSalle Street
2.4 CITY-ST-ZIP Tampa, FL 33607 ☐ Change ☒ Addition

3.1 TITLE TD
3.2 NAME TONIA DOCKTER
3.3 STREET ADDRESS 10801 SAILBROOK DR
3.4 CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Tonia R. Dockter

Date

4/14/99

Daytime Phone #

(813) 972-7596

CR2E037 (11/98)

0050196