

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90012 005 ****61.25

DOCUMENT # N96000003404

1. Entity Name
THE TAMPA DIETETIC ASSOCIATION, INC.



Principal Place of Business
**2780 E FOWLER AVE
#149
TAMPA, FL 33612 US**

Mailing Address
**2780 E FOWLER AVE
#149
TAMPA, FL 33612 US**

54037461



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2230690

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAYAS, REGAN
2539 KRUBER LN
TAMPA, FL 33618**

Name **Susan Alverio**

Street Address (P.O. Box Number is Not Acceptable)
1708 Woodmarker Ct.

City **Brandon**

FL Zip Code **33510**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan L. Alverio / **Susan L. Alverio / President**

DATE

04/12/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **WHITTLE, DORA**
STREET ADDRESS **10811 DESOTA RD**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **vice President** ☐ Change ☒ Addition
NAME **Jennifer Broder**
STREET ADDRESS **747 Mainsail DR.**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **PD** ☒ Delete
NAME **ZAYAS, REGAN**
STREET ADDRESS **2559 KRUGER LN**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Mary Keith**
STREET ADDRESS **2103 E. Annie St.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **VD** ☐ Delete
NAME **ALVERIO, SUSAN**
STREET ADDRESS **3327 MANOR CIRCLE**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **President** ☒ Change ☐ Addition
NAME **Susan Alverio**
STREET ADDRESS **1708 Woodmarker Ct**
CITY-ST-ZIP **Brandon, FL 33510**

TITLE **SD** ☒ Delete
NAME **MASSIE, KIM**
STREET ADDRESS **305 CRAFT RD**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Daphne Turner Oliver**
STREET ADDRESS **7106 N. HOWARD AVE.**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan L. Alverio / **Susan L. Alverio**

4/12/04 813-621-2558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #