


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90030 038 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02052008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2230690				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEITH, MARY A 2106 EAST ANNIE ST TAMPA, FL 33612			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PT	<input type="checkbox"/> Delete	TITLE	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEITH, MARY		NAME	Michelle Puglsey	
STREET ADDRESS	2103 E ANNIE ST		STREET ADDRESS	3216 Stevenson St	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	Plant City FL 33566	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVERIO, SUSAN		NAME	Mary Keith	
STREET ADDRESS	1708 WOODMARKER CT		STREET ADDRESS	2106 E. Annie St	
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP	Tampa FL 33612	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Corresponding Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SASS, CYNTHIA		NAME	Kristi Kordella	
STREET ADDRESS	4715 BAY VISTA AVE		STREET ADDRESS	6638 Marina H. Village Ct. #104	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tampa FL 33635	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Rec Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYLER, NICOLE		NAME	Hylar, Nicole	
STREET ADDRESS	15210 AMBERLY DR. #1631		STREET ADDRESS	669 West River Dr	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Temple Terrace FL 33617	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUGLSEY, MICHELLE		NAME		
STREET ADDRESS	3216 STEVENSON ST		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Mary A Keith</i> MARY A KEITH			2/11/08 813-744-7519 x136		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		