

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003404

FILED
Apr 17, 2011
Secretary of State

Entity Name: THE TAMPA DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

2780 E FOWLER AVE
#149
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

2780 E FOWLER AVE
#149
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-2230690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAPELL, CHRISTINE
2834 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 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: MS
Name: BATINA, TIMMONS
Address: 22916 STERLING MANOR LOOP
City-St-Zip: LUTZ, FL 33549

Title: MS
Name: SCHWALLIE, JENNIFER
Address: 502 S. FREMONT AVE. APT 634
City-St-Zip: TAMPA, FL 33606

Title: MRS
Name: SHOEMAKER, JENNIFER
Address: PO BOX 1002
City-St-Zip: ELFERS, FL 34680

Title: MS
Name: MELODY, CHAVEZ
Address: 10315 VENITIA REAL AVE. APT 208
City-St-Zip: TAMPA, FL 33647

Title: MS
Name: GILBERT, MICHELLE
Address: 13024 FENNWAY RIDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: MS
Name: MASSIE, KIMBERLY
Address: 1408 SHELL FLOWER DRIVE
City-St-Zip: BRANDON, FL 33511

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: KIMBERLY A. MASSIE

T

04/17/2011

Electronic Signature of Signing Officer or Director

Date