

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003404

FILED
Mar 17, 2012
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: FREEDLAND, BARBARA
Address: 6629 THOROUGHbred LOOP
City-St-Zip: ODESSA, FL 33556

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

Title: MRS
Name: WILSON, STEPHANIE
Address: 110 S. MATANZAS AVENUE
City-St-Zip: TAMPA, FL 33609

Title: MRS
Name: SCHOLL, MEGHANN
Address: 3407 W. ALLINE AVE
City-St-Zip: TAMPA, FL 33611

Title: DR
Name: LONGSTREET, DIANE
Address: 3837 NORTHDale BLVD, SUITE 136
City-St-Zip: TAMPA, FL 33624

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: STEPHANIE M. C. WILSON

MRS.

03/17/2012

Electronic Signature of Signing Officer or Director

Date