2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004461

1. Entity Name
BROWARD COUNTY DIETETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 5925 FORT LAUDERDALE, FL 33310	PO BOX 5925 FORT LAUDERDALE, FL 33310

DO NOT WRITE IN THIS SPACE

02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0424868

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STAPELL, CHRISTINE
2339 WEDNESDAY STREET
TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

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 _____ 3/, /04
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000000091008
03/17/04-80042-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WICKSELL, MARTHA R
STREET ADDRESS	4240 SW 9TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	PEVP
NAME	FLYNN, CAROLYN
STREET ADDRESS	9750 ALASKA CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	T
NAME	MAHMOOD, LAURIE
STREET ADDRESS	789 ST ALBAMS DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	S
NAME	CORDOVES, RAQUEL
STREET ADDRESS	2806 NW 48TH STREET
CITY-ST-ZIP	TAMARAC, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Martha R Wicksell 3/,/04 561-483-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #