

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004461

FILED
Jan 28, 2009
Secretary of State

Entity Name: BROWARD COUNTY DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

5650 PEPPERTREE CIRCLE WEST
DAVIE, FL 33314

New Principal Place of Business:

5200 NE 3RD TERRACE
OAKLAND PARK, FL 33332

Current Mailing Address:

PO BOX 5925
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-0424868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STAPELL, CHRISTINE
2339 WEDNESDAY STREET
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: S () Delete
Name: LIBERNINI VANDEVEN, TEALA
Address: 451 NW 51 AVE
City-St-Zip: POMPANO BEACH, FL 33066

Title: P () Delete
Name: LANDMAND, ALIX
Address: 10801 NW 2ND ST
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: T () Delete
Name: STEWART, MICHELLE J
Address: 1050 SATIN LEAF ST
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIBERNINI VANDEVEN, TEALA
Address: 451 NW 51 AVE
City-St-Zip: POMPANO BEACH, FL 33066

Title: PE (X) Change () Addition
Name: HYDER, SAYEEDA
Address: 1345 SW 151ST TERRACE
City-St-Zip: SUNRISE, FL 33326

Title: T (X) Change () Addition
Name: ROBERTS, STACY C
Address: 5200 NE 3RD TERRACE
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STACY ROBERTS

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01/28/2009

Electronic Signature of Signing Officer or Director

Date