

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 10, 2009**  
**Secretary of State**

DOCUMENT# N97000004461

**Entity Name:** BROWARD COUNTY DIETETIC ASSOCIATION, INC.**Current Principal Place of Business:**5200 NE 3RD TERRACE  
OAKLAND PARK, FL 33332**New Principal Place of Business:****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 ( )****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:** P ( ) Delete  
**Name:** LIBERNINI VANDEVEN, TEALA  
**Address:** 451 NW 51 AVE  
**City-St-Zip:** POMPANO BEACH, FL 33066**Title:** PE ( ) Delete  
**Name:** HYDER, SAYEEDA  
**Address:** 1345 SW 151ST TERRACE  
**City-St-Zip:** SUNRISE, FL 33326**Title:** T ( ) Delete  
**Name:** ROBERTS, STACY C  
**Address:** 5200 NE 3RD TERRACE  
**City-St-Zip:** OAKLAND PARK, FL 33334**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** HYDER, SAYEEDA  
**Address:** 1345 SW 151ST. TERR  
**City-St-Zip:** SUNRISE, FL 33326**Title:** PE (X) Change ( ) Addition  
**Name:** TRUITT, BARBARA  
**Address:** 9781 NW 23RD COURT  
**City-St-Zip:** CORAL SPRINGS, FL 33065**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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

T

10/10/2009

Electronic Signature of Signing Officer or Director

Date