

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004461

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**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  
Name: HYDER, SAYEEDA  
Address: 1345 SW 151ST. TERR  
City-St-Zip: SUNRISE, FL 33326

Title: PE  
Name: TRUITT, BARBARA  
Address: 9781 NW 23RD COURT  
City-St-Zip: CORAL SPRINGS, FL 33065

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

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: STACY ROBERTS

TR

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date