

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 18, 2010
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:**3420 NW 34TH STREET
LAUDERDALE LAKES, FL 33309**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: TRUITT, BARBARA
Address: 9781 NW 23RD COURT
City-St-Zip: CORAL SPRING, FL 33065**Title:** PE
Name: SEELEY, ELIZABETH
Address: 2521 NW 98 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065**Title:** T
Name: PETITON, JAMES
Address: 3420 NW 34TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33309**Title:** BYLA
Name: ROBERTS, STACY
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

BYLA

07/18/2010

Electronic Signature of Signing Officer or Director

Date