


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90014 011 ****61.25

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DOCUMENT # N97000005405			
1. Entity Name PINELLAS DISTRICT OF THE FLORIDA DIETETIC ASSOCIATION, INC.			
Principal Place of Business 2227 TONIWOOD LANE PALM HARBOR, FL 34685		Mailing Address PO BOX 0650 BAY PINES, FL 33744-0650	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STAPELL, CHRISTINE 1982 CAPITAL CIRCLE NE SUITE C TALLAHASSEE, FL 32308		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWIRIAN, BARBARA 2227 TONIWOOD LANE PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAZDER, NADINE 12249 137TH ST NTH LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(President) P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pauline Koberna Pauline 1817 Bough Ave Unit B Clearwater FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOCKER, PAT 67 HARBOR WOODS CIRCLE SAFETY HARBOR, FL 34695 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Secretary) SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tober, Stephanie 239 Ridge Road Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDPE KOBBERNA, PAULINE 1817 BOUGH AVE, UNIT B CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDPE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stubblefield, Ginny 480 Capri Way, NE St. Petersburg FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Barbara Schwirian</u> <u>Barbara Schwirian</u>		Date: <u>7/14/2008</u> Daytime Phone #: <u>727-789-2076</u>	