

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005405

FILED
Apr 16, 2009
Secretary of State

Entity Name: PINELLAS DISTRICT OF THE FLORIDA DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

2227 TONIWOOD LANE
PALM HARBOR, FL 34685

New Principal Place of Business:

10707 EVENINGWOOD CT
TRINITY, FL 34655

Current Mailing Address:

PO BOX 0650
BAY PINES, FL 337440650

New Mailing Address:

FEI Number: 59-3197685 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STAPELL, CHRISTINE
1982 CAPITAL CIRCLE NE
SUITE C
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: TD () Delete
Name: SCHWIRIAN, BARBARA
Address: 2227 TONIWOOD LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: P () Delete
Name: KOBERNA, PAULINE
Address: 1817 BOUGH AVE UNIT B
City-St-Zip: CLEARWATER, FL 33760

Title: SD () Delete
Name: TOBER, STEPHANIE
Address: 239 RIDGE ROAD
City-St-Zip: PALM HARBOR, FL 34683

Title: VDPE () Delete
Name: STUBBLEFIELD, GINNY
Address: 480 CAPRI WAY NE
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MAYS, RENEE
Address: 10707 EVENINGWOOD CT
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RENEE MAYS

TD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date