

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005405

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10707 EVENINGWOOD CT  
TRINITY, FL 34655

**New Principal Place of Business:**

445 CAPRI BLVD  
TREASURE ISLAND, FL 33706

**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:**

STAPELL, CHRISTINE  
2834 REMINGTON GREEN CIRCLE  
SUITE 102  
TALLAHASSEE, FL 32308 US

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

03/30/2011

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: SHUSHTARI, COLLEEN  
Address: 445 CAPRI BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P  
Name: SMITH, MARY ELLEN  
Address: 8315 139TH ST. N  
City-St-Zip: SEMINOLE, FL 33776

Title: PE  
Name: ECKHOFF, KAREN  
Address: 11515 IMPERIAL GROVE DRIVE W.  
City-St-Zip: LARGO, FL 33774

Title: S  
Name: DINGER, ASHLEY  
Address: 14527 CATALINA CIRCLE  
City-St-Zip: SEMINOLE, FL 33776

Title: PP  
Name: KRIEGER, SARAH  
Address: 2405 BOCA CIEGA DRIVE N.  
City-St-Zip: ST. PETERSBURG, FL 33710

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: COLLEEN M. SHUSHTARI

T

03/30/2011

Electronic Signature of Signing Officer or Director

Date