

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005405

FILED
Apr 20, 2012
Secretary of State

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

Current Principal Place of Business:

445 CAPRI BLVD
TREASURE ISLAND, FL 33706

New Principal Place of Business:

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
2834 REMINGTON GREEN CIRCLE
SUITE 102
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: T
Name: SHUSHTARI, COLLEEN
Address: 445 CAPRI BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

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

Title: P
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: PE
Name: BOWLING, ELIZABETH
Address: 785 26TH AVE N.
City-St-Zip: ST. PETERSBURG, FL 33704

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

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04/20/2012

Electronic Signature of Signing Officer or Director

_____ Date