

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006545

FILED
Jan 26, 2008
Secretary of State

Entity Name: THE JACKSONVILLE DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

800 PRUDENTIAL DRIVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

1441 PARENTAL HOME RD
JACKSONVILLE, FL 32216 US

Current Mailing Address:

P.O. BOX 550580
JACKSONVILLE, FL 32255

New Mailing Address:

PO BOX 550580
JACKSONVILLE, FL 32255 US

FEI Number: 59-3482122

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:

STAPPELL, CHRISTINE
2339 WEDNESDAY STREET
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: DOUG SANTELMANN

01/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABERSOLD, CARLIE
Address: 141 EDGEWATER BRANCH DR
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VDPE () Delete
Name: LUTHERAN, SHARON
Address: 5527 KEYSTONE DR. S
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: SANTELMANN, DOUG
Address: 1441 PARENTAL HOME RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUTHERAN, SHARON
Address: 5527 KEYSTONE DR. S
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VDPE (X) Change () Addition
Name: WILLIAMS, PAM
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

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: DOUG SANTELMANN

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01/26/2008

Electronic Signature of Signing Officer or Director

Date