

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006545

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE JACKSONVILLE DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

1441 PARENTAL HOME RD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

6306 WHISPERING OAKS DRIVE
JACKSONVILLE, FL 32277 US

Current Mailing Address:

PO BOX 550580
JACKSONVILLE, FL 32255 US

New Mailing Address:

FEI Number: 59-3482122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAPPELL, CHRISTINE
2339 WEDNESDAY STREET
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: PD () Delete
Name: LUTHERAN, SHARON
Address: 5527 KEYSTONE DR. S
City-St-Zip: JACKSONVILLE, FL 32207 US

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

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: WILLIAMS, PAMELA
Address: 6306 WHISPERING OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: VDPE (X) Change () Addition
Name: CLIFTON, SARAH
Address: 608 FIRST STREET
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: TD (X) Change () Addition
Name: KASTENSCHMIDT, DAVID
Address: 345 CORTEZ DRIVE
City-St-Zip: ST. AUGUSTINE, FL, FL 32216

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: PAMELA WILLIAMS

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date