

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006545

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** THE JACKSONVILLE DIETETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

947 SCRUB JAY DRIVE  
SAINT AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

709 4TH AVE N  
JACKSONVILLE BEACH, FL 32250 US

**Current Mailing Address:**

947 SCRUB JAY DRIVE  
SAINT AUGUSTINE, FL 32092 US

**New Mailing Address:**

709 4TH AVE N  
JACKSONVILLE BEACH, FL 32250 US

**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: TU  
Name: WALLACE, CATHERINE  
Address: 709 4TH AVE N  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: TD  
Name: WALLACE, CATHERINE  
Address: 800 PRUDENTIAL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: TD  
Name: VREDENBURG, JONATHAN  
Address: 3238 CROSBY LANE  
City-St-Zip: JACKSONVILLE, FL 32216 US

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:** CATHERINE WALLACE

TU

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date