

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90479 043 \*\*\*\*61.25

**DOCUMENT # N97000007163**

1. Entity Name  
**MANASOTA DIETETIC ASSOCIATION INCORPORATED**



Principal Place of Business  
**2538 PROSPECT ST  
SARASOTA, FL 34239**

Mailing Address  
**2538 PROSPECT ST  
SARASOTA, FL 34239**

2. Principal Place of Business - No P.O. Box #  
**1109 DE NARVAEZ AV**

Suite, Apt. #, etc.

3. Mailing Address  
**1109 DENARVAEZ AVE**

Suite, Apt. #, etc.

City & State  
**BRADENTON FL**

Zip  
**34209**

Country  
**MANATEE**

City & State  
**BRADENTON FL**

Zip  
**34209**

Country  
**MANATEE**



04252007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**65-1006115**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**STAPELL, CHRISTINE A  
1982 CAPITAL CIRCLE NE  
STE C  
TALLAHASSEE, FL 32308**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **WEST, LYDIA H**  
STREET ADDRESS **2535 PROSPECT ST**  
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **VD** ☐ Delete  
NAME **YATES, DEBBIE**  
STREET ADDRESS **5037 82ND WAY EAST**  
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **SD** ☒ Delete  
NAME **MAST, TARA**  
STREET ADDRESS **1700 SOUTH TAMAIMI TRAIL**  
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **TD PRO-TEM** ☐ Delete  
NAME **DONOVAN, HANNAH**  
STREET ADDRESS **5212 WILLOW LINKS**  
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **WEB** ☒ Delete  
NAME **VON SUSKIL, NATALIE**  
STREET ADDRESS **2545 CLIPPER SHIP WAY**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **YATES, DEBORAH**  
STREET ADDRESS **5037 82ND WAY EAST**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VP** ☒ Change ☐ Addition  
NAME **LONDON, BONNI**  
STREET ADDRESS **4740 CENTER GATE BLVD**  
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **S** ☒ Change ☐ Addition  
NAME **RICHMOND, HEATHER**  
STREET ADDRESS **7013 PROSPERITY CIRCLE**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **T** ☐ Change ☒ Addition  
NAME **ADAMS, MARGARET**  
STREET ADDRESS **1109 DE NARVAEZ AVENUE**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **WEB** ☒ Change ☐ Addition  
NAME **DONOHUE, JOYCE**  
STREET ADDRESS **7606 MARSH ORENOID CIRCLE**  
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Hannah Donovan* / **HANNAH DONOVAN 4/26/07 (941) 773-6155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #