

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000007163**

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



Principal Place of Business  
**1109 DE NARVAEZ AV  
BRADENTON, FL 34209**

Mailing Address  
**1109 DE NARVAEZ AV  
BRADENTON, FL 34209**



01132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
RICHMOND, HEATHER  
7013 PROSPERITY CIRCLE  
SARASOTA, FL 34238**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
DONAVAN, HANNAH  
5212 WILLOW LINKS  
SARASOTA, FL 34235**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ADAMS, MARGARET  
1109 DE NAVAREZ AVENUE  
BRADENTON, FL 34209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WEB  
DONOHUE, JOYCE  
7606 MARSH ORCHID CIRCLE  
BRADENTON, FL 34203**

000000785589  
01/17/08-80006-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Margaret Adams* **Margaret Adams**

**1/13/08 941-524-0231**

Date

Daytime Phone #