NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/9/

FILED
Jun 23, 2003 8:00 am
Secretary of State
06-09-2003 90107 002 ****61.25

DOCUMENT # N97000007163

1. Entity Name
Manasota Dietetic Association

DO NOT WRITE IN THIS SPACE

[redacted]

55049550
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4911 Avon Lane	4911 Avon Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Sarasota FL	
City & State	City & State: Sarasota FL
Zip: 34238 Country: USA	Zip: 34238 Country: USA

4. FEI Number: 651006115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rachel Chambers
Street Address (P.O. Box Number is Not Acceptable): 4911 Avon Lane
City: Sarasota FL Zip Code: 34238

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

#0. OFFICERS AND DIRECTORS			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Louise Rondel Morton - President D 5041 Olina Rd Venice, FL 34293	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect Joyce Gross D 6562 Spyglass Lane Bradenton, FL 34202	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Flore Miller D 1278 Rockrose Glen Bradenton, FL 34202	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Jennifer Bowman D 758 North Manasota Key Rd Englewood, FL 34223	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Louise Rondel Morton 6/4/03 941-493-3057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #