

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004221

FILED
May 19, 2005
Secretary of State

Entity Name: THE PALM BEACH DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 21683
WEST PALM BEACH, FL 334161683

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 21683
WEST PALM BEACH, FL 334161683

New Mailing Address:

FEI Number: 65-0794615 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GREENSTEIN, ALYSSA
6289 C DURHAM DRIVE |
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

GREENSTEIN, ALYSSA
6289 C DURHAM DRIVE
LAKE WORTH, FL 33467 US

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: ALYSSA GREENSTEIN

05/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V/D () Delete
Name: DUNMYER, WYNNA
Address: 84 MAPLE LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: WARD, DONNA
Address: 16281 E AQUADUCT DR
City-St-Zip: LOXAHATCHEE, FL 33470

Title: P/D () Delete
Name: PERRY, THERESA
Address: 7333 NAUTICA WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: S/D () Delete
Name: JOYNER, ELLEN
Address: 5100 SHERMAN ROAD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: POIRRIER, CORYNN
Address: 714-D2 SUNNY PINE WAY
City-St-Zip: GREENACRES, FL 33415

Title: T/D () Delete
Name: GREENSTEIN, ALYSSA
Address: 6289 C DURHAM DR.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALYSSA GREENSTEIN

T/D

05/19/2005

Electronic Signature of Signing Officer or Director

Date