

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004221

FILED
Jan 10, 2009
Secretary of State

Entity Name: THE PALM BEACH DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

1 HARBOURSIDE DRIVE
#1303
DELRAY BEACH, FL 33483

New Principal Place of Business:

405 CANAL POINT NORTH
#103
DELRAY BEACH, FL 33444

Current Mailing Address:

1 HARBOURSIDE DRIVE
#1303
DELRAY BEACH, FL 33483

New Mailing Address:

405 CANAL POINT NORTH
#103
DELRAY BEACH, FL 33444

FEI Number: 65-0794615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, BRANDI J
1 HARBOURSIDE DRIVE
1303
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

THOMPSON, BRANDI J
405 CANAL POINT NORTH
#103
DELRAY BEACH, FL 33444 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: BRANDI THOMPSON

01/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V/D () Delete
Name: POIRRIER, CORYNN
Address: 8154 WINNIPESAUKEE WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: T/D () Delete
Name: HUNN, HEIDI
Address: 4471 FEIVEL RD #37
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: WADDELL, KATHLEEN
Address: 6502 WINDING LAKE DR
City-St-Zip: JUPITER, FL 33458

Title: S/D () Delete
Name: KATZ, MARTIN
Address: 6457 LA GORCE COURT
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: THOMPSON, BRANDI
Address: 1 HARBOURSIDE DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: THOMPSON, BRANDI
Address: 1 HARBOURSIDE DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

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 exemption stated 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 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: BRANDI THOMPSON

TRES

01/10/2009

Electronic Signature of Signing Officer or Director

Date