

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719072

Entity Name: FLORIDA ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION, INC.**FILED**
Mar 09, 2016
Secretary of State
CC6889348791**Current Principal Place of Business:**2834 REMINGTON GREEN CIRCLE
SUITE 102
TALLAHASSEE, FL 32308**Current Mailing Address:**PO BOX 12608
TALLAHASSEE, FL 32317-2608 US**FEI Number: 59-6155745****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**STAPELL, CHRISTINE
2834 REMINGTON GREEN CIRCLE
SUITE 102
TALLAHASSEE, FL 32308 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title SEC
Name STEWART, MICHELLE
Address 1050 SATIN LEAF STREET
City-State-Zip: HOLLYWOOD FL 33019-4815Title TR
Name O'NEILL, PEGGY
Address 4414 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021Title EXDR
Name STAPELL, CHRISTINE
Address 2834 REMINGTON GREEN CIRCLE
STE 102
City-State-Zip: TALLAHASSEE FL 32308Title PRESIDENT
Name KRIEGER, SARAH
Address 2405 BOCA CIEGA DR N
City-State-Zip: ST PETERSBURG FL 33710-3637Title PRESIDENT, ELECT
Name WIGUTOW, CYNTHIA
Address 3470 N 31ST AVE
City-State-Zip: HOLLYWOOD FL 33021

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE STAPELL**EXECUTIVE DIRECTOR****03/09/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date