

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719072

Entity Name: FLORIDA DIETETIC ASSOCIATION FOUNDATION, INC.**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	PRESIDENT
Name	WRIGHT, LAURI
Address	5328 90TH AVE CIRCLE
City-State-Zip:	PARRISH FL 34219

Title	SEC
Name	LEONBERG, KRISTIN
Address	104S PRIMROSE DRIVE
City-State-Zip:	ORLANDO FL 32803

Title	TR
Name	SMITH, MARY ELLEN
Address	8315 139TH ST
City-State-Zip:	SEMINOLE FL 33776

Title	EXDR
Name	STAPELL, CHRISTINE
Address	2834 REMINGTON GREEN CIRCLE STE 102
City-State-Zip:	TALLAHASSEE FL 32308

Title	PRESIDENT ELECT
Name	BRAZZI SMITH, GAYLE
Address	1425 W LAKE MARY BLVD
City-State-Zip:	LAKE MARY FL 32746-3319

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****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date