

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000007163

**Entity Name:** MANASOTA ACADEMY OF NUTRITION AND DIETETICS  
INCORPORATED

**FILED**  
**Jan 19, 2015**  
**Secretary of State**  
**CC5712689444**

**Current Principal Place of Business:**

6356 N. BISCAYNE DR.  
NORTH PORT , FL 34291

**Current Mailing Address:**

6356 N. BISCAYNE DR.  
NORTH PORT, FL 34291 US

**FEI Number: 65-1006115**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STAPELL, CHRISTINE A  
1982 CAPITAL CIRCLE NE  
STE C  
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            TREASURER  
Name            WARD, AMBER L  
Address        3946 EAST AVE S.  
City-State-Zip: SARASOTA FL 34231

Title            P  
Name            YATES, DEBBIE  
Address        5037 82ND WAY E.  
City-State-Zip: SARASOTA FL 34243

Title            PE  
Name            PETERSON, LINDSEY  
Address        10498 OLD GROVE CIRCLE  
City-State-Zip: BRADENTON FL 34212

Title            S  
Name            WILLIAMS, CORISTA  
Address        8330 LAKEWOOD RANCH BLVD  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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: AMBER WARD**

**TREASURER**

**01/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date