

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054983

**FILED**  
**Mar 23, 2005**  
**Secretary of State**

**Entity Name:** AMERICAN DIABETIC FOUNDATION, INC.

**Current Principal Place of Business:**

318 SE 15TH AVE  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

318 SE 15TH AVE  
DEERFIELD BEACH, FL 33441 US

**New Mailing Address:**

**FEI Number:** 65-0834990      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WHITE, RUSSELL A  
1401 E. BROWARD BLVD., SUITE 300  
FT. LAUDERDALE, FL 33301 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FELD, DOROTHY  
Address: 7235 PRUMENADE DR, J 502  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: FELD, RICHARD  
Address: 2838 ABBEY MANOR CIRCLE  
City-St-Zip: BROOKEVILLE, MD 20833

Title: D ( ) Delete  
Name: FELD, JEFFREY  
Address: 1413 KELSO BLVD  
City-St-Zip: WINDERMERE, FL 34786

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY FELD

PRES

03/23/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date