

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001857

Entity Name: LIONS DIABETES AWARENESS FOUNDATION OF MD-35, INC.**Current Principal Place of Business:**513 N STONE STREET
DELAND, FL 32720**Current Mailing Address:**PO BOX 1407
DELAND, FL 32721**FEI Number:** 27-1169696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALLAHAN, NORMA DR.
513 N STONE STREET
DELAND, FL 32720 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:** NORMA CALLAHAN

02/26/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 2ND VP
Name MESSER, BETSEY
Address 1172 SW MIRROR LAKE COVE
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER
Name HARDACRE, GARY
Address 13321 NW 146 AVENUE
City-State-Zip: ALACHUA FL 32615

Title SECRETARY
Name CALLAHAN, DR. NORMA
Address 513 N STONE STREET
City-State-Zip: DELAND FL 32720

Title PRESIDENT
Name CAMERON, JACKIE
Address 2916 CLOVERFIELD LN
City-State-Zip: VALRICO FL 33596

Title IMMEDIATE PAST PRESIDENT
Name BENT, DUDLEY
Address PO BOX F40659
City-State-Zip: FREEPORT

Title 1ST VP
Name LLOYD, CAROLYN
Address 4330 COLLINGTREE DRIVE
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name YATES, DIANE
Address 12948 27TH DRIVE
City-State-Zip: WELBORN FL 32094

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: GARY HARDACRE

TREASURER

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date