

2022 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

04/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name NAVARRO, MIRIAM
Address 3480 HILLMAN CIRCLE
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name HENEGAR, VIVIAN
Address 9069 HIGHPOINT BLVD
City-State-Zip: BROOKSVILLE FL 34613

Title OTHER, IPP
Name COLONA, JANE
Address 4000 NE 168 STREET
City-State-Zip: N MIAMI BEACH FL 33160

Title PRESIDENT
Name BROWN, GLENN
Address 1054 CESAR COURT
City-State-Zip: MOUNT DORA FL 32757

Title SECRETARY
Name EBERLE, DARCY
Address 95 STANDISH DRIVE
City-State-Zip: ORMOND BEACH FL 32176

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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

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, 1ST
Name EVANS, GREG
Address 955 HOLLY CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title VP, 2ND
Name RUMOLD, ERICK
Address 11780 OCEANSPRAY BLVD
City-State-Zip: ENGLEWOOD FL 34224