

**2019 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

03/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title PRESIDENT  
Name LEVENSTON, JOEL  
Address 622 HATTERAS COURT SW  
City-State-Zip: VERO BEACH FL 32968

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

Title DIRECTOR  
Name DEGRAFF, JACKIE  
Address 1620 NW 22 STREET  
City-State-Zip: CRYSTAL RIVER FL 33428

Title DIRECTOR  
Name SKILLIN, DAVID  
Address 2916 COVERFIELD LANE  
City-State-Zip: VALRICO FL 33594

**Continues on page 2**

*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

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name PETERS, NILOU  
Address 2475 WEST GULF DRIVE  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name BARRERA, BETTY  
Address 1833 NW 168 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028-2023

Title DIRECTOR  
Name KAFFEE, MARK  
Address 220 PASEO TERRAZA  
UNIT 402  
City-State-Zip: ST AUGUSTINE FL 32096

Title DIRECTOR  
Name GRANT, GEORGANN  
Address 18118 NW 250 TERRACE  
City-State-Zip: HIGH SPRINGS FL 32643

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

Title VP  
Name HYATT, RUTH  
Address 8 WINDSOR COURT  
City-State-Zip: ORMOND BEACH FL 32174