FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -6 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734219 (9)

1. Corporation Name

THE AMERICAN DIABETES ASSOCIATION, FLORIDA,AFFILIATE, INC.

Principal Place of Business	Mailing Address
1101 N. LAKE DESTINY RD. SUITE 415 MAITLAND FL 32751-7106	1101 N. LAKE DESTINY RD. SUITE 415 MAITLAND FL 32751-7106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1975
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-1635819 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARLTON, ANNE F
1101 N LAKE DESTINY RD.
SUITE 415
MAITLAND FL 32751-4105

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Anne F. Carlton — 2/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KARL, DIANE M	1.2 NAME	MCMILLAN, DONALD E	
STREET ADDRESS	3500 E FLETCHER AVE., #302	1.3 STREET ADDRESS	2409 WATROUS AVE	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	WINSLOW, WILLIAM J	2.2 NAME	MORRILL, STEVE	
STREET ADDRESS	200 S ORANGE AVE #1800	2.3 STREET ADDRESS	390 N ORANGE AVE, SUITE ())	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	CE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZUPAN, DAVID A	3.2 NAME	DELETE	
STREET ADDRESS	5422 CARRIER DR., #204	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE		☒ Change ☐ Addition
NAME	ZEGELBONE, CHARLES S	4.2 NAME	C/D WINSLOW, WILLIAM J	
STREET ADDRESS	126 WISTERIA DR.	4.3 STREET ADDRESS	200 S ORANGE AVE #1800	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, JOSEPH T	5.2 NAME		
STREET ADDRESS	2410 SHERBROOKE RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	VC/D	☒ Change ☐ Addition
NAME	PAULTER, SCOTT E	6.2 NAME	MOORE, DUNCAN	
STREET ADDRESS	6363 MACLAURIN DR.	6.3 STREET ADDRESS	TMRMC, MAGNOLIA & MICCOSUKEE RDS.	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TALLAHASSEE FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Winslow — 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003206