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97 FEB 14 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734219** (9)

1. Corporation Name

THE AMERICAN DIABETES ASSOCIATION, FLORIDA AFFILIATE, INC.

Principal Place of Business

**1101 N. LAKE DESTINY RD.
SUITE 415
MAITLAND FL 32751-7106**

Mailing Address

**1101 N. LAKE DESTINY RD.
SUITE 415
MAITLAND FL 32751-7103**

3. Date Incorporated or Qualified **10/31/1975** 3a. Date of Last Report **02/16/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1635819

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCMILLAN, DONALD E.	
STREET ADDRESS	2409 WATROUS AVE.	
CITY - ST - ZIP	TAMPA FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIL, STEVE	
STREET ADDRESS	9000 SOUTHSIDE BLVD BLDG 200	
CITY - ST - ZIP	JACKSONVILLE FL	

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	WINSLOW, WILLIAM J.	
STREET ADDRESS	200 S. ORANGE AVE. #1800	
CITY - ST - ZIP	ORLANDO FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARRETT, JOSEPH T	
STREET ADDRESS	2410 SHERBROOKE RD.	
CITY - ST - ZIP	WINTER PARK FL 32792	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MOORE, DUNCAN	
STREET ADDRESS	TMRMC, MAGNOLIA & MICCOSUKEE RD	
CITY - ST - ZIP	TALLAHASSEE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

\$61.25 BANK

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (PD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Victor L. Roberts, MD	
1.3 STREET ADDRESS	Endocrine Assoc. of FL, PA, 100 W. Gore St	
1.4 CITY - ST - ZIP	Suite 600, Orlando, FL 32806	

2.1 TITLE	Treasurer (TD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	M. Alex White	
2.3 STREET ADDRESS	Deloitte & Touche LLP, 201 E. Kennedy Blvd.,	
2.4 CITY - ST - ZIP	Suite 1200, Tampa, FL 33602-5821	

3.1 TITLE	Vice-Chair (VCD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Sebastian	
3.3 STREET ADDRESS	American Insurance Design, Inc. 1964 Howell	
3.4 CITY - ST - ZIP	Branch Rd., Ste. 106, Winter Park, FL 32792	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	Chair (CD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Duncan Moore	
5.3 STREET ADDRESS	TMRMC - 1300 Miccosukee Road	
5.4 CITY - ST - ZIP	Tallahassee, FL 32308	

6.1 TITLE	Vice-President (VPD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jennifer B. Marks, MD	
6.3 STREET ADDRESS	UofM School of Medicine, P.O. Box 016960	
6.4 CITY - ST - ZIP	Miami, FL 33101	

14. I do hereby certify that the information supplied with this filing 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: **Anne F. Carlton** **January 6, 1997** 407-660-1926

CR2E037 (9/96)