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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90068 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771286**

1. Corporation Name

GULF COAST DIABETES FOUNDATION, INC.

94891 90068 49

Principal Place of Business

3644 WEBBER STREET
P.O. BOX 31119
SARASOTA FL 34231
US

Mailing Address

PO BOX 31119
SARASOTA FL 34278



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/18/1983
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2340169
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

STEENFATT, GERTRAUDE
2504 JAMAICA STREET
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name	MARTIN, EVA
82 Street Address (P.O. Box Number is Not Acceptable)	4401 GULF OF MEXICO DR
83	
84 City	LONGBOAT KEY FL
85 Zip Code	34228

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 *x Eva Martin*

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

(NOTE: Registered Agent signature required when reinstating)

x 1/13/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, EVA	1.2 NAME	
STREET ADDRESS	4401 GULF OF MEXICO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEENFATT, GERTRAUDE	2.2 NAME	
STREET ADDRESS	2504 JAMAICA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, LYNDIA H.	3.2 NAME	
STREET ADDRESS	5448 AZURE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN PELT, DEBORAH	4.2 NAME	
STREET ADDRESS	405 MURILLO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONRADY, WALTER	5.2 NAME	
STREET ADDRESS	1591 DOGWOOD ROAD	5.3 STREET ADDRESS	1591 DOGWOOD DRIVE
CITY-ST-ZIP	SARASOTA FL 34232	5.4 CITY-ST-ZIP	SARASOTA FL 34232
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MIKE LEGATH
STREET ADDRESS		6.3 STREET ADDRESS	770 B PASADENA AVES
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ST PETERS BURG FL 33707

14. I 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, with all other like empowered.

SIGNATURE: *x Eva Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/13/99
Date

x (941) 365-4513
Daytime Phone #

CR2E037 (1/198)