

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90028 006 \*\*\*\*61.25

<b>DOCUMENT # 771286</b>	
1. Entity Name GULF COAST DIABETES FOUNDATION, INC.	
Principal Place of Business 2100 CONSTITUTION BLVD SARASOTA, FL 34231 US	Mailing Address 2100 CONSTITUTION BLVD SARASOTA, FL 34231 US



94013695



01192004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2340169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MARTIN, EVA 4401 GULF OF MEXICO DR LONGBOAT KEY, FL 34228
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> D MARTIN, EVA 4571 FORESTWOOD TRL SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, LYNDIA H. 5448 AZURE WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONRADY, WALTER 1591 DOGWOOD DRIVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEGATH, MIKE 770 B PASADENA AVE S ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> SD KAPLAN, HEIDI JO <del>FREDMAN, JANET</del> 1401 MID GREEN CIRCLE 929 S. Tamiami Tr. SARASOTA, FL 34231 Osprey, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> PD BOLEY, SHEREE 6108 55 A TERREACE EAST BRADENTON, FL 34209

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lynda Alexander* **LYNDIA ALEXANDER** **TREASURER** *2/5/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #