2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 771286

Entity Name: GULF COAST DIABETES FOUNDATION, INC.

Current Principal Place of Business:

2100 CONSTITUTION BLVD
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2100 CONSTITUTION BLVD
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-2340169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KONRADY, WALTER
2100 CONSTITUTION BLVD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ALEXANDER, LYNDA H.,
Address: 5448 AZURE WAY
City-St-Zip: SARASOTA, FL

Title: VD ( ) Delete
Name: LEGATH, MIKE
Address: 770 B PASADENA AVE S
City-St-Zip: ST PETERSBURG, FL 33707

Title: SD ( ) Delete
Name: ICELY, JANE
Address: 1888 BROTHER GEENAN WAY
City-St-Zip: SARASOTA, FL 34236

Title: PD ( ) Delete
Name: KONRADY, WALTER
Address: 2100 CONSTITUTION BLVD
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: CAMPBELL, SONDRA D
Address: 1999 MAIN STREET
City-St-Zip: SARASOTA, FL 34231

Title: VD (X) Change ( ) Addition
Name: KAPLAN, HEIDI J
Address: 4217 MARSEILLES AVENUE
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SONDRA D CAMPBELL TD 02/24/2009

Electronic Signature of Signing Officer or Director — Date