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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 833174 (6)
 1. Corporation Name
THE JUVENILE DIABETES FOUNDATION INTERNATIONAL (INCORPORATED)



Principal Place of Business 120 WALL STREET 19 FLOOR NEW YORK NY 10005 US	Mailing Address 120 WALL STREET 19 FLOOR NEW YORK NY 10005-4001 US
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3. Date Incorporated or Qualified 10/14/1974	3a. Date of Last Report 01/31/1996
4. FEI Number 23-1907729	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	

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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	CD	☐ DELETE
NAME	JOHNSON, ROBERT W	
STREET ADDRESS	834 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☒ DELETE
NAME	LEEPER DDS, STEPHEN	
STREET ADDRESS	1801 DEVOE DRIVE	
CITY-ST-ZIP	LINCOLN NB	
TITLE	PD	☐ DELETE
NAME	OVERLOCK, WILLARD J	
STREET ADDRESS	1125 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TD	☐ DELETE
NAME	CHAPMAN, MAX	
STREET ADDRESS	PO BOX 194 NA	
CITY-ST-ZIP	SCARBOROUGH NY	
TITLE	D	☐ DELETE
NAME	JACKSON, TERRY A	
STREET ADDRESS	1161 COLBORNE CT.	
CITY-ST-ZIP	OAKVILLE, ONTARIO, CANADA	
TITLE	VPD	☒ DELETE
NAME	SAMUELS, ROBERT	
STREET ADDRESS	48 BALFOUR DRIVE.	
CITY-ST-ZIP	WEST HARTFORD CT 06117	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	D
2.3 STREET ADDRESS	Cooley, Ross
2.4 CITY-ST-ZIP	9618 Windrush Drive Spring, TX 77379
3.1 TITLE	CD ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VPD ☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	SD ☐ Change ☒ Addition
6.2 NAME	Zaring, Anne
6.3 STREET ADDRESS	3741 Vineyard Place
6.4 CITY-ST-ZIP	Cincinnati, OH 45226

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 Zaring **Anne Zaring** 3/12/97 212 479-7551
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075062

CR2E037 (9/96)

**Juvenile Diabetes Foundation International
Board of Directors
FY 1996/97**

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Revised December 6, 1996