

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003121

FILED  
Jan 19, 2008  
Secretary of State

Entity Name: DIABETIC AND EPILEPTIC FAMILY CHARITY ORGANIZATION, INC

**Current Principal Place of Business:**

8923 CHESTNUT AVENUE  
RIVER GROVE, IL 60171

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 0546  
RIVER GROVE, IL 60171

**New Mailing Address:**

FEI Number: 42-1645363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RYAN, WILLIAM  
2244 WILLIAM DRIVE  
FT. MYERS, FL 33901      US

**Name and Address of New Registered Agent:**

RYAN, WILLIAM  
2244 WILLIAMS DRIVE  
FT. MYERS, FL 33901      US

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

01/19/2008

Date

**OFFICERS AND DIRECTORS:**

Title: CST ( ) Delete  
Name: GENTEMAN, CYNTHIA  
Address: 136 VILLAGE CREEK DRIVE  
City-St-Zip: LAKE IN THE HILLS, IL 60156

Title: VC ( ) Delete  
Name: RYAN, WILLIAM  
Address: 2244 WILLIAM DRIVE  
City-St-Zip: FORT MYERS, FL 33901

Title: DP ( ) Delete  
Name: RYAN, JOHN  
Address: P.O. BOX 0546  
City-St-Zip: RIVER GROVE, IL 60171

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CP (X) Change ( ) Addition  
Name: RYAN, JOHN T MR  
Address: P.O. BOX 0546  
City-St-Zip: RIVER GROVE, IL 60171

Title: VC (X) Change ( ) Addition  
Name: RYAN, WILLIAM MR  
Address: 2244 WILLIAMS DRIVE  
City-St-Zip: FT. MYERS, FL 33901

Title: DST (X) Change ( ) Addition  
Name: GENTEMAN, CYNTHIA S MS  
Address: 136 VILLAGE CREEK DR  
City-St-Zip: LAKE IN THE HILLS, IL 60156

Title: D ( ) Change (X) Addition  
Name: FOWLKES, RAYMOND MR  
Address: 2234 N. KNOX AVENUE  
City-St-Zip: CHICAGO, IL 60639

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: CYNTHIA S GENTEMAN

Electronic Signature of Signing Officer or Director

DST

01/19/2008

Date