

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003121

FILED
Jan 05, 2011
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 WILLIAMS DRIVE
FT. MYERS, FL 33901 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: CP
Name: RYAN, JOHN T MR
Address: P.O. BOX 0546
City-St-Zip: RIVER GROVE, IL 60171

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN T. RYAN

CP

01/05/2011

Electronic Signature of Signing Officer or Director

Date