

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90084 045 ****70.00

DOCUMENT # N00000005574

1. Entity Name
DIABETIC CHARITABLE SERVICES, INC.



Principal Place of Business
**4820 PARK BLVD
PINELLAS PARK, FL 33781**

Mailing Address
**4820 PARK BLVD
PINELLAS PARK, FL 33781**

24002906



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3666470

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'CONNOR, PATRICK M
2240 BELLEAIR RD, STE 160
CLEARWATER, FL 33764**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **OBERDING, JOHN W**
STREET ADDRESS **2555 HERON LANE NORTH**
CITY-ST-ZIP **CLEARWATER, FL 34622**

TITLE **DVP** ☐ Delete
NAME **DIFABIO, JOSEPH**
STREET ADDRESS **10615 BARDES COURT**
CITY-ST-ZIP **LARGO, FL 33777**

TITLE **D** ☒ Delete
NAME **ROYSTER, DONNA**
STREET ADDRESS **443 HAVEN POINT DRIVE**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **DS** ☐ Delete
NAME **O'NEIL, BRIAN**
STREET ADDRESS **318 CORDOVA BLVD. NE**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33704**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Change ☒ Addition
NAME **Karen Mayes**
STREET ADDRESS **6722 Gilda Drive**
CITY-ST-ZIP **Tampa, FL 33625**

TITLE ☒ Change ☐ Addition
NAME **O'Neill, Brian**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John W. Oberding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-804 (227) 545-4288
Date Daytime Phone #