

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

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



02222005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3666470

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MAYES, KAREN  
6722 GILDA DR  
TAMPA, FL 33625

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

U00000255858

03/08/05-80031-017 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John W. Oberding* 3/1/05 727-545-4588