


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90086 050 ****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
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2. Principal Place of Business - No P.O. Box # 11800 28TH ST. N.	3. Mailing Address 11800 28TH ST. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. PETERSBURG FL	City & State St. Petersburg FL
Zip 33716	Country
Zip 33716	Country

04242008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3666470	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
O'CONNOR, PATRICK M 1250 S BELCHER STE 160 LARGO, FL 33771	

7. Name and Address of New Registered Agent	
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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1"> <tr> <td>DP OBERDING, JOHN W 2555 HERON LANE NORTH CLEARWATER, FL 34622</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>DVP DIFABIO, JOSEPH 10615 BARDES COURT LARGO, FL 33777</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>D GORBAT, LINDA 9806 61ST LN N PINELLAS PARK, FL 33782</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>DS O'NEIL, BRIAN 318 CORDOVA BLVD. NE SAINT PETERSBURG, FL 33704</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> </table>	DP OBERDING, JOHN W 2555 HERON LANE NORTH CLEARWATER, FL 34622	<input type="checkbox"/> Delete	DVP DIFABIO, JOSEPH 10615 BARDES COURT LARGO, FL 33777	<input type="checkbox"/> Delete	D GORBAT, LINDA 9806 61ST LN N PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete	DS O'NEIL, BRIAN 318 CORDOVA BLVD. NE SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>John M. Oberding</i></u>	04-24-08 (727) 572-4288
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>