

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90102 023 \*\*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<input type="checkbox"/> Delete
NAME	OBERDING, JOHN W	
STREET ADDRESS	2555 HERON LANE NORTH	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DIFABIO, JOSEPH	
STREET ADDRESS	19615 BARDES COURT	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FARRELL, KATHLEEN	
STREET ADDRESS	316 21ST AVENUE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROYSTER, DONNA	
STREET ADDRESS	443 HAVEN POINT DRIVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFABIO, JOSEPH	
STREET ADDRESS	10615 BARDES COURT	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian O'Neill	
STREET ADDRESS	318 Cordova Blvd N.E.	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donna Royster*

**3/27/03 727-545-4288**

CR2E037 (10/02)