


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90067 043 \*\*\*\*61.25

<b>DOCUMENT # N00000005951</b> 1. Entity Name <b>THE AMARANTH DIABETES FOUNDATION, INC.</b>					
Principal Place of Business <b>1516 E COLONIAL DRIVE STE 100-E ORLANDO, FL 32803</b>				Mailing Address <b>1516 E COLONIAL DRIVE STE 100-E ORLANDO, FL 32803</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02222005    Chg-NP    CR2E037 (10/03)	
4. FEI Number <b>59-3679916</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHWEBEL, MARTIN D 1516 E COLONIAL DRIVE STE 100-E ORLANDO, FL 32803</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANDY, JAMES W	NAME			
STREET ADDRESS	23730 E. OTERO DR.	STREET ADDRESS			
CITY-ST-ZIP	AURORA, CO 800167062	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOYER, EMILY S	NAME			
STREET ADDRESS	133 HILLCREST LN	STREET ADDRESS			
CITY-ST-ZIP	ELIZABETHTOWN, PA 17022	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEAN, DIANNE	NAME			
STREET ADDRESS	4229 LANVER LN	STREET ADDRESS			
CITY-ST-ZIP	RICHMOND, VA 232945628	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ALLEN, KAREN KAY	NAME	Director		
STREET ADDRESS	19400 DAWSON ST	STREET ADDRESS	Margaret Peggy Rudd		
CITY-ST-ZIP	ADELPHI, OH 43101	CITY-ST-ZIP	103 Stratford Drive		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FROST, MARVIN	NAME	Director		
STREET ADDRESS	16376 MAPLE RD	STREET ADDRESS	Robert Breckenridge II		
CITY-ST-ZIP	CARTHAGE, MO 64836	CITY-ST-ZIP	3101 N. Court Road		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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.					
<b>SIGNATURE: <u>Dianne M. Dean</u>    DIANNE M. DEAN    2/22/05    804-771-3916</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					