2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 8:00 am Secretary of State **DOCUMENT # N00000005951** 02-05-2007 90076 021 ****61.25 THE AMARANTH DIABETES FOUNDATION, INC. Principal Place of Business Mailing Address 40000-1516 E COLONIAL DRIVE STE 100-E 1516 E COLONIAL DRIVE STE 100-E ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3679916 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWEBEL, MARTIN D 1516 E COLONIAL DRIVE STE 100-E Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32803 City 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete Addition TITLE TITLE Change Tyner, Shirley MAXWELL, LYNN NAME NAME 1827 Lullwater Road Albany, GA 31707 STREET ADDRESS 232 SCARBOROUGH CLUB RD STREET ADDRESS SCARBOROUGH, ONTARIO, CA CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition MOYER, EMILY S Scott, Edward NAME NAME 4 Woodbine Drive 133 HILLCREST LN STREET ADDRESS STREET ADDRESS Greenville, PA 16125 ELIZABETHTOWN, PA 17022 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEAN, DIANNE NAME NAME 4229 LANVER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RICHMOND, VA 232945628 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RUDD, MARGARET P NAME NAME Ervin, Elsie 103 STRATFORD DR STREET ADDRESS STREET ADDRESS 6811 Greehdale Drive CITY-ST-ZIP COLONIAL HEIGHTS, VA 238341919 CITY-ST-ZIP Evansville, IN 47711 TITLE Delete TITLE Change Addition BRECKENRIDGE, ROBERT II NAME NAME Rudell, James 3101 N COURT RD STREET ADDRESS STREET ADDRESS 180 W Plumwood Road OTTUMWA, IA 52501 CITY-ST-ZIS CITY-ST-ZIP Van Buren, AR TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

SIGNATURE: Dianne M. Dean SIGNATURE : Dianne M. Dean SIGNATURE AND TYPED OR PRINTED NAME <u>804-771-3916</u>

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.

CITY-ST-ZIP

CITY-ST-ZIP

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SIGNATURE: Dianne M. Dean

SIGNATURE AND TYPED OR PRINTED NAME OF

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DOCUMENT # N00000005951 ATTACHMENT THE AMARANTH DIABETES FOUNDATION, INC. 40009206 Principal Place of Business Mailing Address 1516 E COLONIAL DRIVE STE 100-E 1516 E COLONIAL DRIVE STE 100-E ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-NP CR2E037 (12/06) 4. FEI Number Applied For City & State City & State 59-3679916 Not Applicable Ziρ Country \$8.75 Additional Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWEBEL, MARTIN D Street Address (P.O. Box Number is Not Acceptable) 1516 E COLONIAL DRIVE STE 100-E ORLANDO, FL 32803 City 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D Delete ☐ Change XX Addition TITLE TITLE Tyner, Shirley MAXWELL, LYNN NAME NAME 1827 Lullwater Road 232 SCARBOROUGH CLUB RD STREET ADDRESS STREET ADDRESS Albany, GA 31707 CITY-ST-ZIP SCARBOROUGH, ONTARIO, CA CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Scott, Edward 4 Woodbine Drive MOYER, EMILY S NAME NAME STREET ADDRESS 133 HILLCREST LN STREET ADDRESS Greenville, PA 16125 ELIZABETHTOWN, PA 17022 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition DEAN DIANNE NAME NAME 4229 LANVER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RICHMOND, VA 232945628 CITY-ST-ZIP □ Change TITLE Delete TITLE Addition RUDD, MARGARET P NAME NAME Ervin, Elsie STREET ADDRESS 103 STRATFORD DR STREET ADDRESS 6811 Greehdale Drive CITY-ST-ZIP COLONIAL HEIGHTS, VA 238341919 CITY-ST-ZIP Evansville, IN TITLE Delete TITLE Change X Addition BRECKENRIDGE ROBERT II NAME NAME Rudell, James STREET ADDRESS 3101 N COURT RD STREET ADDRESS 180 W Plumwood Road OTTUMWA, IA 52501 CITY-ST-ZIP CITY-ST-ZIP Van Buren, AR 72956 Change Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.