

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000231

FILED  
Mar 06, 2005  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA ASSOCIATION OF DIABETES EDUCATORS, INC.

**Current Principal Place of Business:**

3030 HORSESHOE DRIVE SOUTH  
SUITE 200  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3030 HORSESHOE DRIVE SOUTH  
SUITE 200  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 20-0564376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIELDS, ALAN B  
3030 HORSESHOE DRIVE SOUTH  
SUITE 200  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

FIELDS, ALAN B  
P.O. BOX 1367  
NAPLES, FL 34106 US

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.

SIGNATURE: ALAN B. FIELDS

03/06/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OSS, KARYN A  
Address: 3030 HORSESHOE DRIVE SOUTH, SUITE 200  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WILKINS, JENNY  
Address: 3030 HORSESHOE DR. S  
City-St-Zip: NAPLES, FL 34104

Title: SEC ( ) Change (X) Addition  
Name: LIETZKE, CHERYL  
Address: 4539 ROSEA CT  
City-St-Zip: NAPLES, FL 34104

Title: TREA ( ) Change (X) Addition  
Name: MASTERSON, BONNIE  
Address: 590 STAR BOARD DR  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE MASTERSON

TREA

03/06/2005

Electronic Signature of Signing Officer or Director

Date