

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000231

FILED
Jul 25, 2007
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:

P O BOX 153110
CAPE CORAL, FL 33915

FEI Number: 20-0564376 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MASTERSON, BONNIE
590 STARBOARD DR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

STRUVE, JEANNE P
1118 NW 7TH AVE
CAPE CORAL, FL 33993 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: JEANNE P. STRUVE

07/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILKINS, JENNY
Address: 3030 HORSESHOP DR S
City-St-Zip: NAPLES, FL 34104

Title: PE () Delete
Name: NOONAN, ELAINE
Address: 3030 HORSESHOE DR. S
City-St-Zip: NAPLES, FL 34104

Title: SEC () Delete
Name: KELLEY, JACKIE
Address: 11090 HARBOUR YACHT CT
City-St-Zip: FORT MYERS, FL 33901

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STRUVE, JEANNE
Address: 1118 NW 7TH AVE
City-St-Zip: CAPE CORAL, FL 33993

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JEANNE STRUVE

P

07/25/2007

Electronic Signature of Signing Officer or Director

Date