

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000891

FILED  
Jul 10, 2007  
Secretary of State

**Entity Name:** CHILDREN'S DIABETES ASSOCIATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

8601 BELLE MEADE DRIVE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

8601 BELLE MEADE DRIVE  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 20-0910717 **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:**

KYLE, KEVIN A  
1380 ROYAL PALM SQUARE BLVD.  
FORT MYERS, FL 33919 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEISS, MICHAEL J  
Address: 8601 BELLE MEADE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: VD ( ) Delete  
Name: VALERIO, JOSEPH  
Address: 8601 BELLE MEADE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: SD ( ) Delete  
Name: CLAPP, LINDA  
Address: 8601 BELLE MEADE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: TD ( ) Delete  
Name: WEIR, AIDAN  
Address: 8601 BELLE MEADE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: D ( ) Delete  
Name: MACCHIAROLI, MARY  
Address: 8601 BELLE MEADE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: D ( ) Delete  
Name: KAMMERLOCKER, THAD  
Address: 8601 BELLE MEADE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

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

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

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

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

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

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: AIDAN J. WEIR

TD

07/10/2007

Electronic Signature of Signing Officer or Director

Date