

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010041

FILED
Jan 11, 2008
Secretary of State

Entity Name: CURE 4 DIABETES FOUNDATION, INC.

Current Principal Place of Business:

318 S. WASHINGTON BLVD.
SARASOTA, FL 34236

New Principal Place of Business:

1626 RINGLING BLVD.
SUITE 500
SARASOTA, FL 34236

Current Mailing Address:

318 S. WASHINGTON BLVD.
SARASOTA, FL 34236

New Mailing Address:

1626 RINGLING BLVD.
SUITE 500
SARASOTA, FL 34236

FEI Number: 55-0884779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKE, LINDA PRES
1807 OLEANDER ST.
SARASOTA, FL 34239 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: MENKE, LINDA
Address: 1807 OLEANDER ST.
City-St-Zip: SARASOTA, FL 34239

Title: STD () Delete
Name: MENKE, CRAIG
Address: 318 S. WASHINGTON BLVD.
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: SCHIRO, JOSEPH C MD
Address: 1762 HAWTHORNE ST., STE 4
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: NORTH, WILLIAM E II
Address: 1727 SECOND ST.
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: SCHLYTTER, ROBERT O
Address: 4811 SOUTH 76TH ST., STE. 211
City-St-Zip: GREENFIELD, WI 53220

Title: D () Delete
Name: BENNETT, MICHAEL S SENATOR
Address: 7011 301 BOULEVARD
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: MENKE, C. CRAIG
Address: 1868 BOYCE ST.
City-St-Zip: SARASOTA, FL 34239

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

Title: D (X) Change () Addition
Name: PARKER, BRENT
Address: 136 GOLDEN GATE POINTE, 601 NORTH
City-St-Zip: SARASOTA, FL 34236

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: C. CRAIG MENKE

STD

01/11/2008

Electronic Signature of Signing Officer or Director

Date