

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010041

FILED
May 01, 2009
Secretary of State

Entity Name: CURE 4 DIABETES FOUNDATION, INC.

Current Principal Place of Business:

1626 RINGLING BLVD.
SUITE 500
SARASOTA, FL 34236

New Principal Place of Business:

1549 RINGLING BLVD.
SUITE 101
SARASOTA, FL 34236

Current Mailing Address:

1626 RINGLING BLVD.
SUITE 500
SARASOTA, FL 34236

New Mailing Address:

P. O. BOX 49437
SARASOTA, FL 342306437 US

FEI Number: 55-0884779 **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:

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, C. CRAIG
Address: 1868 BOYCE ST.
City-St-Zip: SARASOTA, FL 34239

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

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

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

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

Title: D (X) Change () Addition
Name: SHINDLER, ROBERT M CPA
Address: 11061 GATEWOOD DRIVE STE 103
City-St-Zip: BRADENTON, FL 34211 US

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: LINDA MENKE

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date