

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008867

FILED
Apr 16, 2009
Secretary of State

Entity Name: FLORIDA WEST COAST ASSOCIATION OF DIABETES EDUCATORS, CORP

Current Principal Place of Business:

2732 NORTHRIDGE DRIVE, EAST
CLEARWATER, FL 33761

New Principal Place of Business:

703 OLD MILL POND ROAD
PALM HARBOR, FL 34683

Current Mailing Address:

2732 NORTHRIDGE DRIVE, EAST
CLEARWATER, FL 33761

New Mailing Address:

703 OLD MILL POND ROAD
PALM HARBOR, FL 34683

FEI Number: 36-3461035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, MAUREEN P
2732 NORTHRIDGE DRIVE, EAST
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

BRAY, CINDY M
703 OLD MILL POND ROAD
PALM HARBOR, FL 34683 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: CINDY M. BRAY

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GORDON, BECKY
Address: 9705 GRETN DRIVE
City-St-Zip: TAMPA, FL 33626

Title: SECR () Delete
Name: SCHREINER, ANNE
Address: 893 DEVILLE DRIVE, EAST
City-St-Zip: LARGO, FL 33771

Title: TREA () Delete
Name: WALLACE, MAUREEN
Address: 2732 NORTHRIDGE DRIVE, EAST
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WALLACE, MAUREEN
Address: 2732 NORTHRIDGE DRIVE, EAST
City-St-Zip: CLEARWATER, FL 33761

Title: PELE (X) Change () Addition
Name: RATHBUN, MELINA
Address: 21354 MARSH HAWK DRIVE
City-St-Zip: LAND 'O LAKES, FL 34638

Title: TREA (X) Change () Addition
Name: BRAY, CINDY
Address: 703 OLD MILL POND ROAD
City-St-Zip: PALM HARBOR, FL 34683

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: CINDY M. BRAY

TREA

04/16/2009

Electronic Signature of Signing Officer or Director

Date