

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 26, 2011
Secretary of State

Entity Name: LIONS DIABETES AWARENESS FOUNDATION OF MD-35, INC.

Current Principal Place of Business:

4110 S COLONY TER.
HOMOSASSA, FL 34446

New Principal Place of Business:

128 W HOWRY AVE.
DELAND, FL 32729

Current Mailing Address:

4110 S COLONY TER.
HOMOSASSA, FL 34446

New Mailing Address:

PO BOX 1407
DELAND, FL 32721

FEI Number: 27-1169696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, NORMA
128 WEST HOWRY AVE
DELAND, FL 32720 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: D
Name: WOOMER, ROBERT
Address: 2270 A ANCORAGE LN
City-St-Zip: NAPLES, FL 34104

Title: SD
Name: MESSER, BETSEY
Address: 1172 SW MIRROR LAKE COVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D
Name: MALECKY, LOIS
Address: 12455 SE 92 TER
City-St-Zip: SUMMERFIELD, FL 34491

Title: T
Name: NIESKES, GARY
Address: 7200 LAKE ELLENOR DR
City-St-Zip: ORLANDO,, FL 32809

Title: P
Name: CALLAHAN, DR. NORMA
Address: 128 WEST HOWRY AVE.
City-St-Zip: DELAND, FL 32729

Title: VP
Name: CAMERON, JACKIE
Address: 2916 CLOVERFIELD LN
City-St-Zip: VALRICO, FL 33596

I hereby 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 all other like empowered.

SIGNATURE: DR. NORMA CALLAHAN

P

01/26/2011

Electronic Signature of Signing Officer or Director

Date