

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29083

FILED  
May 25, 2010  
Secretary of State

Entity Name: THE LION'S ASSOCIATION FOR DIABETES AWARENESS OF DISTRICT 35-A, INC.

**Current Principal Place of Business:**

C/O ARTHUR W. KARLICK  
1454 NW 17 AVE STE 200 REPUBLIC BLDG  
MIAMI, FL 331252384

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ARTHUR W. KARLICK  
1454 NW 17 AVE STE 200 REPUBLIC BLDG  
MIAMI, FL 331252384

**New Mailing Address:**

FEI Number: 65-0124370      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:**

OLARTE, LUIS  
16455 SW 236 ST  
HOMESTEAD, FL 33031 US

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

KARLICK, ARTHUR  
1454 NW 17 AVE, SUITE 200  
MIAMI, FL 331252384 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: ARTHUR KARLICK

05/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: MURPHY, MARTIN  
Address: 15407 SW 57 ST  
City-St-Zip: MIAMI, FL 33193

Title: P  
Name: BEDOYA, ELENA  
Address: 3015 NW 83 TERR  
City-St-Zip: MIAMI, FL 33147

Title: DT  
Name: BARRERA, BETTY  
Address: 1833 NW 168 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: LUIS OLARTE

DS

05/25/2010

Electronic Signature of Signing Officer or Director

Date