FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:23

DOCUMENT # N38396 (0)

1. Corporation Name
MANASOTA DIABETIC SUPPORT GROUP, INC.

Principal Place of Business	Mailing Address
3501 WILDERNESS BLVD EAST PARRISH FL 34219	3501 WILDERNESS BLVD EAST PARRISH FL 34219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1990
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0218003 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CASEY, JOHN R.
5306 CORTEZ ROAD WEST
SUITE 2
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SEILER, KAREN	12 NAME	
STREET ADDRESS	3501 WILDERNESS BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PARCELS, EVELYN	22 NAME	
STREET ADDRESS	534 67TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BOND, WOODY	32 NAME	
STREET ADDRESS	5910 99TH ST. E.	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	
TITLE	~~D~~	41 TITLE	D ☒ Change ☐ Addition
NAME	~~COOMBS, JOE~~	42 NAME	AL EICHHAMMER
STREET ADDRESS	~~5316 53RD AVENUE EAST~~	43 STREET ADDRESS	437 Sapphire Drive
CITY-ST-ZIP	~~BRADENTON FL~~	44 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	SUNDBERG, ERIC	52 NAME	
STREET ADDRESS	4711 MT. VERNON DR.	53 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. N. Sundberg ERIC N. SUNDBERG SD 3-29-95 813-794-8647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003725