

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N38396** (0)

1. Corporation Name

MANASOTA DIABETIC SUPPORT GROUP, INC.

Principal Place of Business

**3501 WILDERNESS BLVD EAST
PARRISH FL 34219**

Mailing Address

**3501 WILDERNESS BLVD EAST
PARRISH FL 34219**



3. Date Incorporated or Qualified
05/29/1990

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

21 **5910 99th St.E.**

2a. Mailing Address

26 **5910 99th St.E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **BRADENTON, FL**

City & State

28 **BRADENTON FL**

Zip Country

24 **34202**

25

29 **34202**

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **SEILER, KAREN**
STREET ADDRESS **3501 WILDERNESS BLVD.**
CITY-ST-ZIP **PARRISH FL**

TITLE **D** ☐ DELETE

NAME **PARCELS, EVELYN**
STREET ADDRESS **534 67TH ST.**
CITY-ST-ZIP **HOLMES BEACH FL**

TITLE **TD** ☐ DELETE

NAME **BOND, WOODY**
STREET ADDRESS **5910 99TH ST. E.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☒ DELETE

NAME **EICHHAMMER, AL**
STREET ADDRESS **437 SAPPHIRE DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☒ DELETE

NAME **SUNDBERG, ERIC**
STREET ADDRESS **4711 MT. VERNON DR.**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **BOND, WOODY**
1.3 STREET ADDRESS **5910 99th St E**
1.4 CITY-ST-ZIP **BRADENTON, FL 34202**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **MYLAND, CHRIS**
4.3 STREET ADDRESS **963 43rd St. W**
4.4 CITY-ST-ZIP **BRADENTON, FL 34209**

5.1 TITLE **SD** ☒ Change ☐ Addition

5.2 NAME **BURNS, PATRICIA J.**
5.3 STREET ADDRESS **3901 71st St. W #129**
5.4 CITY-ST-ZIP **BRADENTON, FL 34209**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Patricia J. Burns

PATRICIA J. BURNS 3/28/96

941-794-5340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)