

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46132

FILED
Apr 17, 2009
Secretary of State

Entity Name: DEFEAT DIABETES FOUNDATION, INC.

Current Principal Place of Business:

150 153RD AVE. SUITE 300
MADEIRA BEACH, FL 33708

New Principal Place of Business:

150 153RD AVE.
SUITE 300
MADEIRA BEACH, FL 33708

Current Mailing Address:

150 153RD AVE. SUITE 300
MADEIRA BEACH, FL 33708

New Mailing Address:

150 153RD AVE.
SUITE 300
MADEIRA BEACH, FL 33708

FEI Number: 59-3027985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDELL, JERALD Y
16318 2ND ST E
REDINGTON BCH., FL 33708 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: PD () Delete
Name: MANDELL, ANDREW P
Address: 150 153RD AVENUE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VD () Delete
Name: BLOOMENTHAL, NOWELL Z
Address: 935 MAIN ST.
City-St-Zip: WALTHAM, MA 02154

Title: TD () Delete
Name: MANDELL, JERALD Y
Address: 150 153RD AVENUE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: SD () Delete
Name: CENTER, CLARENCE E JR
Address: 414 TURNER ST.
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: LEONE, STEPHEN J
Address: 67 GREEN ST
City-St-Zip: NEWTON, MA 02458

Title: D (X) Delete
Name: GALLAGHER, THOMAS
Address: 61535 S. HWY 97 ,#9501
City-St-Zip: BEND, OR 97702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JERALD Y MANDELL

TD

04/17/2009

Electronic Signature of Signing Officer or Director

Date