

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46132

FILED
Apr 15, 2010
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:

Current Mailing Address:

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

New Mailing Address:

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
Name: MANDELL, ANDREW P
Address: 150 153RD AVENUE
City-St-Zip: MADEIRA BEACH, FL 33708

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

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

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

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

Title: D
Name: SHARE, BRUCE
Address: 95 ANDERER LANE, UNIT #2
City-St-Zip: WEST ROXBURY, MA 02132

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: JERALD Y MANDELL

TD

04/15/2010

Electronic Signature of Signing Officer or Director

_____ Date