

# 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 # N95000003385 (0)**

1. Corporation Name

**CENTRAL FLORIDA ASSOCIATION OF DIABETES EDUCATOR  
C. INC.**

Principal Place of Business

P.O. BOX 582  
ORLANDO FL 32802-0582

Mailing Address

P.O. BOX 582  
ORLANDO FL 32802-0582



3. Date Incorporated or Qualified  
**07/18/1995**

3a. Date of Last Report  
**07/18/95**

2. Principal Place of Business

21. **same**

Suite, Apt. #, etc.

22. **PO Box 582**

City & State

23. **Orlando, Fl.**

Zip

24. **32802-0582**

Country

25. **USA**

2a. Mailing Address

26. **same**

Suite, Apt. #, etc.

27. **PO Box 582**

City & State

28. **Orlando, Fl.**

Zip

29. **32806**

Country

30. **USA**

4. FEI Number

**36 3488 423**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

☐

**\$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

• **WHITE, MARTI**  
**7641 BRANDYWOOD CIRCLE, #154**  
**WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81. Name

**JOHNSON, JON**

82. Street Address (P.O. Box Number is Not Acceptable)

**606 DEARBORN AVE.**

83. City

**ALTAMONTE SPRINGS**

**FL**

85. Zip Code

**32701**

11. Pursuant to the provisions of Sections 617.002 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
NAME **WHITE, MARTI**  
STREET ADDRESS **7641 BRANDYWOOD CIRCLE, #154**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT (D)** ☐ Change ☒ Addition  
1.2 NAME **JOHNSON, JON**  
1.3 STREET ADDRESS **606 DEARBORN AVE.**  
1.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

2.1 TITLE **PRESIDENT-ELECT (D)** ☐ Change ☒ Addition  
2.2 NAME **TAUNYR MILLER**  
2.3 STREET ADDRESS **122 WISTERIA AVE.**  
2.4 CITY-ST-ZIP **ORLANDO FL 32806**

3.1 TITLE **CAROL SECRETARY (D)** ☐ Change ☒ Addition  
3.2 NAME **CAROL PROENZA**  
3.3 STREET ADDRESS **2812 CHARMONT DR**  
3.4 CITY-ST-ZIP **APOPKA, FL 32703**

4.1 TITLE **TREASURER (D)** ☐ Change ☒ Addition  
4.2 NAME **DEBORAH LAPOLO**  
4.3 STREET ADDRESS **10203 TROUT RD.**  
4.4 CITY-ST-ZIP **ORLANDO, FL 32836**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**900001882935**

**-07/03/96--01024--027**

**\*\*\*61.25**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

**407-296-8188**

DATE

DAYTIME PHONE #

CR2E037 (12/95)