


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90011 028 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # N95000003385**

1. Corporation Name

**CENTRAL FLORIDA ASSOCIATION OF DIABETES EDUCATOR  
S, INC.**

Principal Place of Business  
P.O. BOX 582  
ORLANDO FL 32802-0582

Mailing Address  
P.O. BOX 582  
ORLANDO FL 32802-0582



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/18/1995 4. FEI Number 36-3488423 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

9. Name and Address of Current Registered Agent JOHNSON, JON 606 DEARBORN AVE ALTAMONTE SPRINGS FL 32701	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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PED NAME JOHNSON, JON STREET ADDRESS 606 DEARBORN AVE CITY-ST-ZIP ALTAMONTE SPRINGS FL	1.1 TITLE PRESIDENT 1.2 NAME RIVERA, MARIA EVITA 1.3 STREET ADDRESS 2440 ALBURY AVE 1.4 CITY-ST-ZIP DELTONA, FL 32738
TITLE DP NAME RIVERA, MARIA EVITA STREET ADDRESS 2440 ALBURY AVE CITY-ST-ZIP DELTONA FL 32738	2.1 TITLE PRESIDENT - ELECT 2.2 NAME BARBARA JOSWICK 2.3 STREET ADDRESS 1986 KENASTON RD 2.4 CITY-ST-ZIP MAITLAND FL 32751
TITLE TD NAME CHRESA, MAUREEN STREET ADDRESS 535 NORTH BRIDGE DR CITY-ST-ZIP ALTAMONT SPRINGS FL 32714	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE SD NAME FORMAN, MULAINÉ STREET ADDRESS 292 CAMBRIDGE DR CITY-ST-ZIP LONGWOOD FL 32779	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT**

7-10-99

941-421-9545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)