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NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N96000000115 (3)

1. Corporation Name
DIABETIC FOUNDATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
35 GRAND BAY CIRCLE JUNO BEACH FL 33408	35 GRAND BAY CIRCLE JUNO BEACH FL 33408-2162

3. Date Incorporated or Qualified: 12/11/1995
3a. Date of Last Report: 07/15/1996

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 1216 US HIghway i	26 Suite, Apt. #, etc.: 1216 US Highway 1
22 City & State: Suite E	27 City & State: Suite E
23 Zip: North Palm Beach, Fl	28 Zip: North Palm Beach, Fl
24 Country: 33408	25 Country: Palm Beach
	29 Country: 33408
	30 Country: Palm Beach

4. FEI Number: 65-0645623 ☐ Applied For ☐ Not Applicable

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

GAPSTUR, LENNE
777 S. FLAGLER DR
W. PALM BEACH FL 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ESKELINEN, ANNE		1.2 NAME	GAPSTUR, LENNE	
STREET ADDRESS	35 GRAND BAY CIRCLE		1.3 STREET ADDRESS	11437 SHADY OAKS LANE	
CITY-ST-ZIP	JUNO BEACH FL 33408		1.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	DV	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HUEY, MICHAEL		2.2 NAME	DOROTHY SULLIVAN	
STREET ADDRESS	35 GRAND BAY CIRCLE		2.3 STREET ADDRESS	2531 WINDSOR WAY COURT	
CITY-ST-ZIP	JUNO BEACH FL 33408		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CROSSETT, HARRY		3.2 NAME		
STREET ADDRESS	16087 E. PRESTWICH DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRUENWALD, RICHARD		4.2 NAME		
STREET ADDRESS	4369 FUSHIA CIRCLE SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDR			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that this corporation 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.

SIGNATURE: HARRY S. CROSSETT 3/13/97