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Jul 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

1216 US HIGHWAY 1
STE E
N. PALM BCH FL 33408
US

1216 US HIGHWAY 1
STE E
N. PALM BCH FL 33408
US

3. Date Incorporated or Qualified

12/11/1995

4. FEI Number

65-0645623

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 301 CLEMATIS
Suite Apt. #, etc.

26 301 CLEMATIS ST.
Suite Apt. #, etc.

22 3000
City & State

27 3000
City & State

23 W. P. B. FL
Zip Country

28 W. P. B. FL
Zip Country

24 33408
25 USA

29 33408
30 USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name ANNE ESKELINEN
82 Street Address (P.O. Box Number is Not Acceptable)
83 35 GRAND BAY CIRCLE
84 JUNO BEACH
85 City FL Zip Code 33408

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]*
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 DP
NAME ESKELINEN, ANNE
STREET ADDRESS 85 GRAND BAY CIRCLE
CITY-ST-ZIP JUNO BEACH FL 33408

1.1 TITLE D
1.2 NAME DR. R. MACK HARDELL
1.3 STREET ADDRESS 1500 N.W. 10TH AVE STE 205
1.4 CITY-ST-ZIP BOCA RATON FL 33486

TITLE DV
NAME HUEY, MICHAEL
STREET ADDRESS 85 GRAND BAY CIRCLE
CITY-ST-ZIP JUNO BEACH FL 33408

2.1 TITLE D
2.2 NAME JOE BAIN
2.3 STREET ADDRESS 222 LAKEVIEW DR. 4TH FLOOR
2.4 CITY-ST-ZIP WEST PALM BEACH FL 33402

TITLE DST
NAME CROSSETT, HARRY RUTH
STREET ADDRESS 16087 E. PRESTWICH DRIVE
CITY-ST-ZIP LOXAHATCHEE FL 33470

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME GRUENWALD, RICHARD
STREET ADDRESS 4369 FUSHIA CIRCLE SOUTH
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME GAPSTUR, LENNE
STREET ADDRESS 11437 SHADY OAKS LANE
CITY-ST-ZIP N. PALM BCH FL

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

TITLE D
NAME DOROTHY SULLIVAN
STREET ADDRESS 2531 WINDSOR WAY CT.
CITY-ST-ZIP WEST PALM BCH FL

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.

SIGNATURE *[Signature]*

7/6/98 561,895-2323

CP2E037 (10/97)