


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000115 1. Entity Name DIABETIC FOUNDATION OF AMERICA, INC.	
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Principal Place of Business 4820 PARK BLVD PINELLAS PARK, FL 33781 US	Mailing Address 4820 PARK BLVD PINELLAS PARK, FL 33781 US
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DO NOT WRITE IN THIS SPACE



04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0645623	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OCONNOR, PATRICK M ESQ OCONNOR & ASSOCIATES 2240 BELLEAIR RD STE 160 CLEARWATER, FL 33764

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000122860 04/21/04-90047-011 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OBERDING, JOHN W 4820 PARK BLVD PINELLAS PARK, FL 33781
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/1/04 <small>Date</small>	(727) 545-4288 <small>Daytime Phone #</small>
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