

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007138

FILED
Feb 09, 2006
Secretary of State

Entity Name: DIABETES COALITION OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

5150 N.W. MILNER DRIVE
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

5150 N.W. MILNER DRIVE
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 65-0854299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, JAMES S
5150 N.W. MILNER DRIVE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BORCHELT, MARK M.D.
Address: 1700 SE HILLMOOR AVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VD () Delete
Name: CHRULSKI, MAGDALENE J R.D.
Address: 5150 N.W. MILNER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: SD () Delete
Name: HOOT, FLORENCE M R.N.
Address: 5150 N.W. MILNER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: TD () Delete
Name: HARRIS, JAMES S
Address: 5150 N.W. MILNER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D () Delete
Name: SNURE, HELGA
Address: 5150 N.W. MILNER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S HARRIS

TD

02/09/2006

Electronic Signature of Signing Officer or Director

Date