

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-28-2005 90038 001 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N98000007368 1. Entity Name THE DIABETES SUPPORT GROUP OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 4116 SE 20TH PL #101 CAPE CORAL FL 33904			Mailing Address 4116 SE 20TH PL #101 CAPE CORAL FL 33904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0908296 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDEN, FRED 4116 SE 20TH PL #101 CAPE CORAL FL 33904			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 resigning) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D CLAPP, LINDA <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	636 DELPRADO BLVD.		NAME		
STREET ADDRESS	CAPE CORAL FL 33990		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	PTD EDEN, FRED <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4116 SE 20TH PLACE		NAME		
STREET ADDRESS	CAPE CORAL FL 33904		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	SD TINARI, MARY <input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	240 SE 43RD TERRACE		NAME	VANDERKAMP, DUTCH	
STREET ADDRESS	CAPE CORAL FL 33904		STREET ADDRESS	3205 SE 10TH AVENUE	
CITY- ST- ZIP			CITY- ST- ZIP	CAPE CORAL, FL 33990	
TITLE	<input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MACARI, BETTY JANE	
STREET ADDRESS			STREET ADDRESS	708 SE 12TH AVENUE	
CITY- ST- ZIP			CITY- ST- ZIP	CAPE CORAL, FL 33990	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <u>Fred Eden</u> 2/24/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
FRED EDEN					