2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N98000007368

Entity Name: THE DIABETES SUPPORT GROUP OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

4116 SE 20TH PL
#101
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4116 SE 20TH PL
#101
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0908296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDEN, FRED
4116 SE 20TH PL
#101
CAPE CORAL, FL 33904 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: VPD ( ) Delete
Name: VAN DER KUYP, DATEH
Address: 2205 SE 10TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

Title: PTD ( ) Delete
Name: EDEN, FRED
Address: 4116 SE 20TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete
Name: TOROSKI, SCHERRY RN
Address: 708 DEL PRADO BLVD STE 3
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: VAN DER KUYP, DUTCH
Address: 2205 SE 10TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

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

Title: D (X) Change ( ) Addition
Name: TIDROSKI, SHERRY RN
Address: 708 DEL PRADO BLVD STE 3
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify 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: FRED EDEN PTD 01/07/2009

Electronic Signature of Signing Officer or Director — Date