SECOND NOTICE: (過RURAL , , L E L 5_JLVED (AMOUNT DUE ON OR BEFORE 05/30/198: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). APPROVEG NONPROFIT. FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 DEC 17 AMII: 14 **DOCUMENT # 713844** (9)SECRETARY OF STATE IALLAHASSEE, FLORIDA NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA , INC. Principal Place of Business Mailing Address 653 W 8TH STREET. BUILDING #1 653 W 8TH STREET. BUILDING #1 C/O UFHSC-J C/O 1EHSC-1 12/12/1967 JACKSONVILLE FL 32209-6511 JACKSONVILLE FL 32209-6511 4. FEI Number Applied Fo 51-0141516 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 __Yes L**x**No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOOD, WALTER Street Address (P.O. Box Number is Not Acceptable) 9550 REGENCY SQUARE BLVD. 0000<u>92</u>722320 83 #304 -12/24/98--01084--013 *****236.66 JACKSONVILLE FL 32225 ****Z\$66025 <u>*</u> 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 HILE Change DELETE P ___ Addition NAME KLEMENT, BETTY 1.2 NAME KLEMENT, BETTY D. 2140 KINGSLEY AVENUE STREET ADDRESS 1.3 STREET ADDRESS 2140 KINGSLEY AVE ORANGE PARK FL ORANGE PARK, FL 32073 CITY-ST-ZIF 1.4 CITY-ST-ZIP TITLE X DELETE 2.1 TITLE Change X Addition BREITMOSER, HANK NAME 2.2 NAME HAEUSSNER, TED Œ 1716 UNIVERSITY BLVD STREET ADDRES 2.3 STREET ADDRESS 1409 KINGSLEY AVE JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ORANGE PARK, FL. TITLE 3.1 TITLE DELETE X Change Addition BELL HOWARD NAME 3.2 NAME BELL, HOWARD 3927 BAYMEADOWS RD. 3927 BAYMEADOWS RD STREET ADDRE 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4 CITY-ST-ZIP JACKSONVILLE, FL 32217 TITLE DELETE 4.1 TITLE Change Addition ROMANS, BOB NAME 4.2 NAME FERBER, STEVEN $\mathbf{T}_{\cdot}^{\cdot}$ STREET ADDRE 4521 ATLANTIC BLVD. 4.3 STREET ADDRESS 800 LOMAX, ST. JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP JACKSONVILLE, TILE 5.1 TITLE Change Addition DELETE D WOOD, WALTER NAME 5.2 NAME 9550 REGENCY SQUARE BLVD., #304 STREET ADDR 5.3 STREET ADDRESS JACKSONVILLE FL 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE STR 6.1 TITLE X Change DELETE Addition SCHNEIDER, TED SCHNEIDER, TED (6476 FT. CAROLINE RD. \Box D D STREET ADDRESS 6476 FT CAROLINE ROAD 44. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), Folida Statutes. I further 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. 11/16/98 RE RECUALIBED.

SIGNATURE:

SIGNATURE AND POPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR