

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713844

FILED
Jan 04, 2007
Secretary of State

Entity Name: NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

2028 BOULEVARD
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2028 BOULEVARD
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 51-0141516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLENS, RICK D
3215 HENDRICKS AVE
#1
JACKSONVILLE, FL 32207 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: D () Delete
Name: STRATTON, MIKE
Address: 1548 KINGSLEY
City-St-Zip: ORANGE PARK, FL 32073

Title: PD () Delete
Name: STEVE, COCHRAN
Address: 8355 BAYBERRY RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: P () Delete
Name: STEVENS, BARRY
Address: 2365 PARK ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD () Delete
Name: BELL, HOWARD
Address: 3927 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: V () Delete
Name: STEVENSON, RICK
Address: 6851 BELFORT OAKS PL
City-St-Zip: JACKSONVILLE, FL 3216

Title: TR () Delete
Name: MULLENS, RICHARD
Address: 3215 HENDRICKS AVE #1
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LESSIG, MARGARET
Address: 1520 BUSINESS CENTER DR. #1
City-St-Zip: ORANGE PARK, FL 32073

Title: PD (X) Change () Addition
Name: BARRY, STEVENS
Address: 2365 PARK ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: P (X) Change () Addition
Name: STEVENSON, RICK
Address: 2365 PARK ST.
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: V (X) Change () Addition
Name: IMRAY, SCOTT
Address: 2047 PARK ST.
City-St-Zip: JACKSONVILLE, FL 32204

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: SALLY OTT

ED

01/04/2007

Electronic Signature of Signing Officer or Director

Date