

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727617 (3)

1. Corporation Name

THE UNITED STATES DENTAL TENNIS ASSOCIATION, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:39

Principal Place of Business

Mailing Address

7320 SW ARBOR LAKE DR.
WILSONVILLE OR 97070

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WILSONVILLE OR 97070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/02/1973	3a. Date of Last Report 02/23/1994
4. FEI Number 23-7313401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IFS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2180 Briarcliff Avenue Suite, Apt. #, etc.	26 2180 Briarcliff Avenue Suite, Apt. #, etc.
22 City & State Idaho Falls, Idaho	27 City & State Idaho Falls, Idaho
24 Zip 83404	25 Country USA
29 Zip 83404	30 Country USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHROEDER, (T.W.), D.D.S. 523 N. PENINSULA DR. DAYTONA BEACH FL		B1 Name	B5 Zip Code
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	TURNER, LANCE 1545 ST. MARKS PLAZA STOCKTON CA	1.1 TITLE P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	TURNER, LANCE	1.2 NAME	TURNER, LANCE, DDS
STREET ADDRESS	1545 ST. MARKS PLAZA	1.3 STREET ADDRESS	1545 St. Marks Plaza
CITY-ST-ZIP	STOCKTON CA	1.4 CITY-ST-ZIP	Stockton, CA 95204
TITLE P	TURNER LANCE DR. 1545 ST. MARKS PLAZA STOCKTON CA	2.1 TITLE VP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	TURNER LANCE DR.	2.2 NAME	GAFFNER, VERNON, DMD
STREET ADDRESS	1545 ST. MARKS PLAZA	2.3 STREET ADDRESS	2180 Briarcliff Avenue
CITY-ST-ZIP	STOCKTON CA	2.4 CITY-ST-ZIP	Idaho Falls, ID-83404
TITLE ST	GAFFNER VERNON DR. 333 S. WOODRUFF IDAHO FALLS ID 83401	3.1 TITLE ST	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GAFFNER VERNON DR.	3.2 NAME	WONG, TERENCE, DDS
STREET ADDRESS	333 S. WOODRUFF	3.3 STREET ADDRESS	21471 Foothill Blvd. #E
CITY-ST-ZIP	IDAHO FALLS ID 83401	3.4 CITY-ST-ZIP	Hayward, CA 94541
TITLE P	SCHATZ EARL DR. 9951 EASTMONT DRIVE GRESHAM OR	4.1 TITLE P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SCHATZ EARL DR.	4.2 NAME	MORSHED, MANI, DDS
STREET ADDRESS	9951 EASTMONT DRIVE	4.3 STREET ADDRESS	1244 Seventh Street, Suite 102
CITY-ST-ZIP	GRESHAM OR	4.4 CITY-ST-ZIP	Santa Monica, CA 90401
TITLE V	TURNER, LANCE D 1545 ST. MARKS PLAZA STOCKTON CA	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	TURNER, LANCE D	5.2 NAME	
STREET ADDRESS	1545 ST. MARKS PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKTON CA	5.4 CITY-ST-ZIP	
TITLE ST	GAFFNER, VERNON D 333 SO. WOODRUFF IDAHO FALLS ID	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GAFFNER, VERNON D	6.2 NAME	
STREET ADDRESS	333 SO. WOODRUFF	6.3 STREET ADDRESS	
CITY-ST-ZIP	IDAHO FALLS ID	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or both, if changed, or both, if newly added.

SIGNATURE: *Carolinn Gaffner* Vice President
Vernon Gaffner Executive Secretary
1/23/95 208-529-2160
Carolinn Gaffner, Executive Secretary
Vernon Gaffner, Vice President