

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **727617 (3)**  
1. Corporation Name  
**THE UNITED STATES DENTAL TENNIS ASSOCIATION, INC**



Principal Place of Business  
**2180 BRIARCLIFF AVENUE  
IDAHO FALLS ID 83404  
US**

Mailing Address  
**2180 BRIARCLIFF AVENUE  
IDAHO FALLS ID 83404  
US**

3. Date Incorporated or Qualified **10/02/1973** 3a. Date of Last Report **02/03/1995**

2. Principal Place of Business  
**21 2180 Briarcliff Avenue** 2a. Mailing Address  
**26 2180 Briarcliff Avenue**

4. FEI Number **23-7313401** Applied For  
Not Applicable

Suite, Apt. #, etc.  
**22**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
**23 Idaho Falls, Idaho** 27. City & State  
**28 Idaho Falls, Idaho**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
**24 83404 25 USA** 29. Zip Country  
**30 83404 30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**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**

**81 Name**  
**82 Street Address (P.O. Box Number, if Applicable)**  
**83**  
**84 City** **85 Zip Code**  
**FL**

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 re-registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TURNER, DDS L</b> <b>1545 ST. MARKS PLAZA</b> <b>STOCKTON CA</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GAFFNER, DMD V</b> <b>2180 BRIARCLIFF AVENUE</b> <b>IDAHO FALLS ID</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WONG, DDS T</b> <b>21471 FOOTHILL BLVD. #E</b> <b>HAYWARD CA</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MORSHED, DDS M</b> <b>1244 SEVENTH STREET, SUITE 102</b> <b>SANTA MONICA CA</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TURNER, LANCE D</b> <b>1545 ST. MARKS PLAZA</b> <b>STOCKTON CA</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GAFFNER, VERNON D</b> <b>333 SO. WOODRUFF</b> <b>IDAHO FALLS ID</b>	<input checked="" type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P</b> <b>VERNON O. GAFFNER, DMD</b> <b>2180 BRIARCLIFF AVENUE</b> <b>IDAHO FALLS, IDAHO 83404</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VP</b> <b>TERENCE WONG, DDS</b> <b>21471 FOOTHILL BLVD. #E</b> <b>HAYWARD, CALIFORNIA 94541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>ST</b> <b>DENNIS DIARENFIELD, DDS</b> <b>16 WEST MISSION #A</b> <b>SANTA BARBARA, CALIFORNIA 93101</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>PP-D</b> <b>LANCE TURNER, DDS</b> <b>1545 ST. MARKS PLAZA</b> <b>STOCKTON, CALIFORNIA 95204</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D</b> <b>DOUGLAS COLLINS, DDS</b> <b>232 S. BURROWES STREET</b> <b>STATE COLLEGE, PENNSYLVANIA 16801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D</b> <b>HANNA HOESLI, DDS</b> <b>3430 BONNIE HILL DRIVE</b> <b>HOLLYWOOD, CALIFORNIA 90068</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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.

SIGNATURE: *Vernon O. Gaffner, DMD, Pres. 1/25/96*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)