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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727617 (3)
1. Corporation Name
THE UNITED STATES DENTAL TENNIS ASSOCIATION, INC



Principal Place of Business 2180 BRIARCLIFF AVE. IDAHO FALLS ID 83404 US	Mailing Address 2180 BRIARCLIFF AVENUE IDAHO FALLS ID 83404 US
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3. Date Incorporated or Qualified 10/02/1973
4. FEI Number 23-7313401
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent
**SCHROEDER, (T.W.), D.D.S.
523 N. PENINSULA DR.
DAYTONA BEACH FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	WONG, DR. TERENCE 21471 FOOTHILL BLVD., #E HAYWARD CA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME DIERENFIELD, DR. DENNIS 1.3 STREET ADDRESS 16 W. MISSION #A 1.4 CITY - ST - ZIP SANTA BARBARA, CA 93101
TITLE VP	DIERENFIELD, DR. DENNIS 16 W. MISSION RD. SANTA BARBARA CA	<input type="checkbox"/> DELETE	2.1 TITLE VP 2.2 NAME HOESLI, DR. HANNA 2.3 STREET ADDRESS 3430 BONNIE HILL DRIVE 2.4 CITY - ST - ZIP HOLLYWOOD, CA 90068
TITLE ST	HOESLI, DR. HANNA 3430 BONNIE HILL DR. HOLLYWOOD CA	<input type="checkbox"/> DELETE	3.1 TITLE ST 3.2 NAME WENGER, DR. TERENCE 3.3 STREET ADDRESS 14385 HARTWELL TR. 3.4 CITY - ST - ZIP NOVELTY, OH 44072
TITLE D	KASPERS, DR. ROBERT 2135 BUTTERNUT LANE NORTH BROOK IN	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME NIELSEN, DR. JOHN 4.3 STREET ADDRESS 614 2nd AVENUE S.W. 4.4 CITY - ST - ZIP CULLMAN, AL 35055
TITLE D	WENGER, TERENCE 14385 HARTWELL TR. NOVELTY OH	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME WEXEL, DR. WALTER 5.3 STREET ADDRESS 2040 THOMAS BISHOP LANE 5.4 CITY - ST - ZIP VIRGINIA BEACH, VA 223454
TITLE PPD	GAFFNER, DR. VERNON 2180 BRIARCLIFF AVE. IDAHO FALLS ID	<input type="checkbox"/> DELETE	6.1 TITLE PPD 6.2 NAME WONG, DR. TERENCE 6.3 STREET ADDRESS 21471 FOOTHILL BLVD. #E 6.4 CITY - ST - ZIP HAYWARD, CA 94541

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carolynn Shaffer, Executive Director* 2/3/98 208-529-2160

CF2E037 (10/97)