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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 727617

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



| | | |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 10/02/1973 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 23-7313401 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired |
| 24 | 25 | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| | 29 | 6. Election Campaign Financing |
| | 30 | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|-------------------------|
| TITLE | P | 1.1 TITLE | P |
| NAME | DIERNFIELD, DR. DENNIS | 1.2 NAME | HOESLI, DR. HANNA |
| STREET ADDRESS | 16 W MISSION #A | 1.3 STREET ADDRESS | 3430 BONNIE HILL DRIVE |
| CITY-ST-ZIP | SANTA BARBARA CA 93101 | 1.4 CITY-ST-ZIP | HOLLYWOOD, CA 90068 |
| TITLE | VP | 2.1 TITLE | VP |
| NAME | HOESLI, DR HANNA | 2.2 NAME | WENGER, DR. TERRENCE |
| STREET ADDRESS | 3430 BONNIE HILL DRIVE | 2.3 STREET ADDRESS | 14385 HARTWELL TR. |
| CITY-ST-ZIP | HOLLYWOOD CA 90068 | 2.4 CITY-ST-ZIP | NOVELTY, OH 44072 |
| TITLE | ST | 3.1 TITLE | ST |
| NAME | WENGER, DR TERRENCE | 3.2 NAME | JONES, ROBERT |
| STREET ADDRESS | 14385 HARTWELL TR | 3.3 STREET ADDRESS | 75 MAPLE AVENUE |
| CITY-ST-ZIP | NOVELTY OH 44072 | 3.4 CITY-ST-ZIP | MORRISTOWN, NJ 07960 |
| TITLE | D | 4.1 TITLE | PPD |
| NAME | KASPERS, DR. ROBERT | 4.2 NAME | DIERENFIELD, DR. DENNIS |
| STREET ADDRESS | 2135 BUTTERNUT LANE | 4.3 STREET ADDRESS | 16 W MISSION #A |
| CITY-ST-ZIP | NORTH BROOK IN | 4.4 CITY-ST-ZIP | SANTA BARBARA, CA 93101 |
| TITLE | D | 5.1 TITLE | D |
| NAME | WENGER, TERRENCE | 5.2 NAME | COCUZZI, DR. JAMES |
| STREET ADDRESS | 14385 HARTWELL TR. | 5.3 STREET ADDRESS | 4015 COLLEGEVIEW DRIVE |
| CITY-ST-ZIP | NOVELTY OH | 5.4 CITY-ST-ZIP | CORTLAND, NY 13045 |
| TITLE | PPD | 6.1 TITLE | D |
| NAME | GAFFNER, DR. VERNON | 6.2 NAME | GILLESPIE, DR. TERRI |
| STREET ADDRESS | 2180 BRINRCLIFF AVE. | 6.3 STREET ADDRESS | 12539 N. HIWAY 83 |
| CITY-ST-ZIP | IDAHO FALLS ID | 6.4 CITY-ST-ZIP | PARKER, CO 80134 |

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, with all other like empowered.

SIGNATURE: *Katherine Harris* **SIGNATURE REQUIRED** 1/5/99 208-529-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)