## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 727617**

FILED Feb 11, 2004 Secretary of State

Entity Name: THE UNITED STATES DENTAL TENNIS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 BRIARCLIFF AVE. 408 JACKSON DRIVE IDAHO FALLS, ID 83404 SARASOTA, FL 34236 US US **Current Mailing Address: New Mailing Address:** 2180 BRIARCLIFF AVENUE 408 JACKSON DRIVE IDAHO FALLS, ID 83404 US SARASOTA, FL 34236 US FEI Number: 23-7313401 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHROEDER, (T.W.), D.D.S. 523 N. PENINSÙLA DR. US DAYTONA BEACH, FL 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MEULENER, CARLOS MEULENER, CARLOS Name: Name: 523 SEVEN BRIDGES ROAD Address: 523 SEVEN BRIDGES ROAD Address: City-St-Zip: LITTLE SILVER, NJ 07739 City-St-Zip: LITTLE SILVER, NJ 07739 Title: () Delete Title: (X) Change ( ) Addition NIELSON, JOHN Name: DEFELICE, RALPH Name: Address: 614 SECOND AVENUE S.W. Address: 5283 NORTH KASHONG PT. City-St-Zip: CULLMAN, AL 35055 City-St-Zip: GENEVA, NY 14456 Title: () Delete Title: () Change () Addition HOESLI, HANNA Name: Name: 3430 BONNIE HILL DRIVE Address: Address: City-St-Zip: HOLLYWOOD, CA 90068 City-St-Zip: Title: () Delete Title: PPD (X) Change ( ) Addition Name: LAFFER, JEROME Name: LAFFER, JEROME Address: 8016 E. GENESEE Address: 8016 E. GENESEE City-St-Zip: FAYETTEVILLE, NY 13066 City-St-Zip: FAYETTEVILLE, NY 13066 Title: VΡ () Delete Title: (X) Change ( ) Addition LYNCH, JOHN LYNCH, JOHN Name: Name: 515 NYLON BLVD 515 NYLON BLVD Address: Address: City-St-Zip: SEAFORD, DE 19973 City-St-Zip: SEAFORD, DE 19973 Title: () Delete Title: () Change () Addition GAFFNER, VERNON Name: Name: Address: 2180 BRIARCLIFF AVENUE Address: IDAHO FALLS, ID 83404 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON KENWORTHY ED 02/11/2004