

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 01, 2004
Secretary of State**

DOCUMENT# 732996

Entity Name: FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

Current Principal Place of Business:

1530 METROPOLITAN BLVD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1530 METROPOLITAN BLVD
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-1677431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPIER, BENNETT
1530 METROPOLITAN BLVD
TALLAHASSEE, FL 32308

Name and Address of New Registered Agent:

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:

Title: TD () Delete
Name: INMAN, DONAL
Address: 9381 W SAMPLE ROAD, 206
City-St-Zip: CORAL SPRINGS, FL 33065

Title: EVD () Delete
Name: MAITLAND, NEIL
Address: PO BOX 15157
City-St-Zip: TAMPA, FL 33614

Title: EVP () Delete
Name: HUTT, DAVID
Address: 3639 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: T () Delete
Name: WEASLEY, ROBERT
Address: 3342 ELLINGTON AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PED () Delete
Name: MOYER, PHIL
Address: 14333 58TH ST NORTH
City-St-Zip: CLEARWATER, FL 34620

Title: TED () Delete
Name: NAPIER, BENNETT
Address: 1530 METROPOLITAN BLVD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: INMAN, DONAL
Address: 9381 W SAMPLE ROAD, 206
City-St-Zip: CORAL SPRINGS, FL 33065

Title: EVP (X) Change () Addition
Name: WOOSLEY, ROB
Address: 3342 ELLINGTON WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PE (X) Change () Addition
Name: HULT, DAVID
Address: 3639 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: T (X) Change () Addition
Name: GAGLIANO, JIM
Address: 801 WEST FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: NAPIER, BENNETT
Address: 1530 METROPOLITAN BLVD
City-St-Zip: TALLAHASSEE, FL 32308

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: BENNETT NAPIER

ED

02/01/2004

Electronic Signature of Signing Officer or Director

Date