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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 753257 (5)

1. Corporation Name

FLORIDA DENTAL HEALTH FOUNDATION, INC.



Principal Place of Business

Mailing Address

% DANIEL J. BUKER
1111 E. TENNESSEE ST., STE. 102
TALLAHASSEE FL 32308
US

C/O DANIEL J. BUKER
1111 E. TENNESSEE ST., STE. 102
TALLAHASSEE FL 32308-6914
US

3. Date Incorporated or Qualified
07/07/1980

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2019148

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip Country

Zip Country

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

BUKER, DANIEL J. MR.
1111 E. TENNESSEE ST.
TALLAHASSEE FL 32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE
NAME D'AUTO, C W
STREET ADDRESS 195 BRAIRCLIFF DR #111
CITY-ST-ZIP LONGWOOD FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME WALLS ROSA ANNA
STREET ADDRESS 301 W AMELIA ST
CITY-ST-ZIP ORLANDO FL

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME WALLS, ROSA ANNA
2.3 STREET ADDRESS 301 W AMELIA STREET
2.4 CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☒ DELETE
NAME BELL, HOWARD C. DR.
STREET ADDRESS 3927 BAYMEADOWS RD
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE MD ☐ Change ☒ Addition
3.2 NAME BUKER, DANIEL J.
3.3 STREET ADDRESS 1111 E TENNESSEE STREET
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE SD ☐ DELETE
NAME MARIANI, RICHARD
STREET ADDRESS 6280 SUNSET DRIVE
CITY-ST-ZIP SOUTH MIAMI FL

4.1 TITLE VPD ☒ Change ☐ Addition
4.2 NAME MARIANI, RICHARD
4.3 STREET ADDRESS 6280 SUNSET DRIVE
4.4 CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE PD ☒ DELETE
NAME BOCKENHEIMER, TERRY L
STREET ADDRESS 4353 S MANHATTAN AVE
CITY-ST-ZIP TAMPA FL

5.1 TITLE PD ☐ Change ☒ Addition
5.2 NAME MARKS, CLIFFORD
5.3 STREET ADDRESS 7400 N KENDALL DRIVE #206
5.4 CITY-ST-ZIP MIAMI, FL 33156

TITLE VPD ☒ DELETE
NAME GARSH, DAVE
STREET ADDRESS 313 MACARTHUR PLACE
CITY-ST-ZIP MAITLAND FL

6.1 TITLE VPD ☐ Change ☒ Addition
6.2 NAME RUSSELL WILLIAM
6.3 STREET ADDRESS 80 BOX 14895 1000 RIVERSIDE AVE.
6.4 CITY-ST-ZIP JACKSONVILLE, FL 32231

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97 (941) 681-3629
Daytime Phone # 0007832

CR2E037 (9/96)