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Apr 17 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 # **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
US

3. Date Incorporated or Qualified

07/07/1980

4. FEI Number

59-2019148

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ 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 32779**

TITLE **MD** ☐ DELETE
NAME **WALLS, ROSA A**
STREET ADDRESS **301 W AMELIA ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE **MD** ☐ DELETE
NAME **BUKER, DANIEL J**
STREET ADDRESS **1111 E. TENNESSEE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VPD** ☐ DELETE
NAME **MARIANI, RICHARD**
STREET ADDRESS **6280 SUNSET DRIVE, # 401**
CITY-ST-ZIP **SOUTH MIAMI FL, 33143**

TITLE **PD** ☐ DELETE
NAME **MARKS, CLIFFORD**
STREET ADDRESS **7400 N. KENDALL DRIVE., #208**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VPD** ☐ DELETE
NAME **RUSSELL, WILLIAM**
STREET ADDRESS **1000 RIVERSIDE AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32231**

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SD ☒ Change ☐ Addition
WALLS, ROSE A.
445 AMELIA ST, ELC8
ORLANDO, FL 32801

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/98

CPSS 681-7429

CR2E037 (10/97)