

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90020 019 ****70.00

0006101

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 753257

1. Corporation Name

FLORIDA DENTAL HEALTH FOUNDATION, INC.

Principal Place of Business

% DANIEL J BUKER
1111 E. TENNESSEE ST. STE 100
TALLAHASSEE FL 32308
US

Mailing Address

C/O DANIEL J. BUKER
1111 E. TENNESSEE ST. STE 100
TALLAHASSEE FL 32308
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 N/A
23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 N/A
28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

07/07/1980

4. FEI Number

59-2019148

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ~~TD~~ DELETE

NAME D'AUTO, C W
STREET ADDRESS 195 BRAIRCLIFF DR #111
CITY-ST-ZIP LONGWOOD FL 32779

TITLE SD DELETE

NAME WALLS, ROSA A
STREET ADDRESS 445 AMELIA ST ELC8
CITY-ST-ZIP ORLANDO FL 32801

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 DR #401
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE PD DELETE

NAME MARKS, CLIFFORD
STREET ADDRESS 7400 N. KENDALL DRIVE., #206
CITY-ST-ZIP MIAMI FL 33156

TITLE VPD DELETE

NAME RUSSELL, WILLIAM
STREET ADDRESS 1000 RIVERSIDE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32231

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SD Change Addition

2.2 NAME LOW, SAMUEL B
2.3 STREET ADDRESS P O BOX 100434

2.4 CITY-ST-ZIP GAINESVILLE, FL 32610

3.1 TITLE TD Change Addition

3.2 NAME BREITMOSER, HENRY G.
3.3 STREET ADDRESS 1716 UNIVERSITY BLVD S
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32216

4.1 TITLE VPD Change Addition

4.2 NAME KLEIN, H RAYMOND
4.3 STREET ADDRESS 943 CESERY BLVD
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32277

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

850-681-3629
Daytime Phone #

CR2E037 (1/98)