


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90031 023 ****61.25

DOCUMENT # 757781 1. Entity Name THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC. <i>9/0 DR. CLYDE ROGGENKAMP</i>					
Principal Place of Business 7831 OAK COURT HIGHLAND CA 92346 US			Mailing Address 7831 OAK COURT HIGHLAND CA 92346 US		
2. Principal Place of Business LLUSD, Restorative Dept Suite, Apt. #, etc. PRINCE HALL, RM 1134 City & State 11092 ANDERSON ST Zip LOMA LINDA, CA 92350 Country USA		3. Mailing Address LLUSD, RESTORATIVE DEPT Suite, Apt. #, etc. PRINCE HALL, RM 1134 City & State 11092 ANDERSON ST Zip LOMA LINDA, CA 92350 Country USA			
4. FEI Number 91-1157301				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent VINCI, RICHARD DR 144 BUCKSKIN WAY WINTER SPRINGS FL 32708			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREDERICKSON, DANIEL DR 5 CORINTHIAN COURT TIBURON CA 94920-1740 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. GERMAIN, HENRY A JR 3321 CROWN POINTE RD. LINCOLN NE 68506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROGGENKAMP, CLYDE 7831 OAK COURT HIGHLAND CA 92346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LLUSD, RESTORATIVE DEPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRINCE HALL, RM 1134 <i>(address change)</i> 11092 ANDERSON ST LOMA LINDA, CA 92350 (USA)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIDGEMAN, R CRAIG DR 2348 HIWAY 105 HERITAGE CT SUITE 1 BOONE NC 28607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD VINCI, RICHARD C 713 WHARTON ST. OCEANSIDE CA 92054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEFENDERFER, KIM E DR. 1053 WREN'S GATE MUNDELEIN IL 60060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Clyde Roggenkamp</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		28 Feb 04 (909) 862-5732 <small>Date Daytime Phone #</small>			